

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION  
P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

Form C-104  
Revised 10-01-78  
Format 06-01-83  
Page 1

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator Don R. Ormand

Address P.O. Box 3610 ; Midland, TX. 79702

Reason(s) for filing (Check proper box)

<input checked="" type="checkbox"/> New Well	Change in Transporter of:	Other (Please explain) <b>CASINGHEAD GAS MUST NOT BE PLARED AFTER 6-9-87 UNLESS AN EXCEPTION TO THIS IS OBTAINED.</b>
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Dry Gas <input type="checkbox"/> Condensate	

If change of ownership give name and address of previous owner \_\_\_\_\_

II. DESCRIPTION OF WELL AND LEASE State V-396

Lease Name <u>Amoco State</u>	Well No. <u>1</u>	Pool Name, including Formation <u>VALUANA (GRAYHOCK-SAN ANTONIO)</u>	Kind of Lease State, Federal or Fee <u>STATE</u>	Lease No. <u>1/01</u>
Location Unit Letter <u>C</u> ; <u>560</u> Feet From The <u>NORTH</u> Line and <u>1980</u> Feet From The <u>WEST</u> Line of Section <u>18</u> Township <u>17-S</u> Range <u>34-E</u> , NMPM, <u>LEA</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <u>THE PERMIAN LOPD Permian (EH. 91117)</u>	Address (Give address to which approved copy of this form is to be sent) <u>Box 1183, Houston TX. 77251-1183</u>	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>Phillips Petroleum Co.</u>	Address (Give address to which approved copy of this form is to be sent) <u>Odessa, TX.</u>	
If well produces oil or liquids, give location of tanks.	Unit <u>C</u>	Sec. <u>18</u>
	Twp. <u>17-S</u>	Rge. <u>34-E</u>
	Is gas actually connected? <u>N/A</u>	When <u>MAY, 1986</u>

If this production is commingled with that from any other lease or pool, give commingling order number: \_\_\_\_\_

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given is true and complete to the best of my knowledge and belief.

Don R. Ormand  
(Signature)  
Operator  
(Title)  
4-27-87  
(Date)

OIL CONSERVATION DIVISION

APPROVED MAY 1 1987, 19\_\_\_\_  
BY Orig. Signed by Paul Kautz  
Geologist  
TITLE \_\_\_\_\_

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells.

Figure 1

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#### IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		X		X					
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.			
3-13-87	4-9-87		4750			4688			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth			
1131 RKB	SAN ANDRES		4649			4641			
Perforations						Depth Casing Shoe			
4649 - 4656									

#### TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4"	8 5/8"	476	500
7 1/2"	4 1/2"	4750	1200

#### V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
4-9-87	4-12-87	PUMP	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hr.	PUMP	45	NONE
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF
2	14	5	12

#### GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (flow, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

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