Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico

Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410

DISTRICT II P.O. Drawer DD, Artesia, NM 88210

> REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

A+	<u></u>	O IIIA		OTTI OIL	AITO ITA		· · · · · ·		W-17 A	DI No				
										Well API No. 30-025-30914				
Address	.110.							l_						
5401 S. Hattie		0k1	a ho	ma City	, OK 73	129								
Reason(s) for Filing (Check proper box)								zin)			244 NO 245 7	43 '		
New Well		Change in	Transp	oorter of:		•	653.35	7	EAD	GAS MU	ST NOT	7E. į		
Recompletion	Oil		Dry C					# : # · F ·	a x X	· 3-	1871			
Change in Operator	Casinghead	i Gas 🔲	Cond	ensate 🗌		 	415.27	LESS.	250	FXCEPTH	N TO-8-4	070		
If change of operator give name and address of previous operator							<u> </u>	JE A	INEC	1,				
II. DESCRIPTION OF WELL	AND LEA	SE												
Lease Name		Well No. Pool Name, Includin A North Young								f Lease Federal of Fed	`	ease No.		
R.E. Graham 🕏 7	1	4	NOT	CII TOUIN	y WOTTCO	mp_				and the	<u> </u>			
Location	,			_			1000	١.			Eact			
Unit Letter	_ :	660	Feet 1	From The	outh_Lio	e and	1980) '	Fee	et From The	East	Line		
Section 7 Townshi	_p 189	5	Range	• 32E	N	мрм.	. Le	a				County		
<u> </u>	<u> </u>									,	· · · · · · · · · · · · · · · · · · ·			
III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil	SPORTE	R OF OI or Conden		ND NATU	RAL GAS Address (Giv	e odd	ress to wi	hich app	roved	copy of this f	orm is to be se	ent)		
Koch						Address (Give address to which approved copy of this form is to be sent) P.O. Box 2256 - Wichita, KS 67201								
Name of Authorized Transporter of Casinghead Gas or Dry Gas					Address (Give address to which approved copy of this form is to be sent) Rejeachest Saying Center									
If well produces oil or liquids,	Unit	Sec.	Twp.	Rge.	Is gas actually connected? W				When	Midland, TX 79702				
give location of tanks.	<u>i</u> ı i		185		1 -	-				filing)		<u> </u>		
If this production is commingled with that	from any oth	er lease or p	pool, g	ive commingl										
IV. COMPLETION DATA		, ,				<u> </u>	-							
Designate Type of Completion	- (Y)	Oil Well	ļ	Gas Well	New Well	Wo	orkover	Dec	pen	Plug Back	Same Res'v	Diff Res'v		
		Name of the Park			Total Depth				i	DD==	L	.1		
Date Spudded						•					P.B.T.D.			
12/02/90 Elevations (DF, RKB, RT, GR, etc.)	01/19/91 Name of Producing Formation				10700 ¹ Top Oil/Gas Pay					10632 ¹ Tubing Depth				
RKB - 3787.3'	Wolfcamp				10360'					10220				
Perforations						L					Depth Casing Shoe			
10360' - 10384'										10688	1			
	CEMENTING RECORD					· · · · · · · · · · · · · · · · · · ·								
HOLE SIZE						DEPTH SET					SACKS CEMENT			
17 1/2"		13 3/8" .				645'					625			
} 		8 5/8" 5 1/2"			3100 ¹ 10688 ¹				1325					
7 7/8"	5 1/2" 2 7/8"			10220'						1550				
V. TEST DATA AND REQUE	ST FOR A	LLOWA	ABLI	<u> </u>	102					1				
OIL WELL (Test must be after t					be equal to or	exce	ed top alle	owable j	for this	depth or be	for full 24 hou	rs.)		
Date First New Oil Run To Tank	Producing M	ethod												
01/18/91	01/19/91					Flowing								
Length of Test 24 Hrs.	Tubing Pressure				Casing Pressure					Choke Size				
	330				0/Pkr.					Gas- MCF				
Actual Prod. During Test Oil - Bbls. 258 Bbls. 250					Water - Bbis	Water - Bbis. 8				260				
	1 200			· · · · · · · · · · · · · · · · · · ·	10					1500	······································			
GAS WELL Actual Prod. Test - MCF/D	11	Tagt			DNA C3	rest C	MACE.			Gravity of C	ondenests			
/ MCP/D	Length of	1 C 2(Bbis. Conder	16ate//	MIMICH			Gravity of C	.onoensale	****		
Testing Method (pitot, back pr.)	ing the second s	Casing Pressure (Shut-in)					Choke Size	Choke Size						
		ssure (Shut				`	T.				. 5-9	et i		
VI. OPERATOR CERTIFIC	ATE OF	COMP	7 7 4	NCF						L				
I hereby certify that the rules and regul				1100		OIL	CON	ISE	RV/	AT POPP	DIVISIA	N		
Division have been complied with and	that the infor	mation give		ve						AED	A 1 12	G1		
is true and complete to the best of my	knowledge ar	nd belief.			Date	An	prove	d						
Q., LQ.						۷,	٠. ٠٠٠							
Mogera. Bu	rou				By_									
Signature O Roger G. Burau		Drlg.	Su	ot.	Jy -									
Printed Name			Title		Title							e e e		
01/28/91				7-0206	11110									
Date		Tele	nhone	NA	11									

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.

94N 3 1 7934 **HOS**62 (1, 4 1)