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

State of New Mexico '...crgy, Minerals and Natural Resources Departme...

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

Ι.	Ţ	OTRA	NSPC	ORT OIL	. AND NA I	UHAL GA				<sub>1</sub>	
Operator			,				Well A	.PI No.			
W.K. Byrom	01/	- 60	<u>)                                    </u>								
Address DO 30X	147	7	110	11	NM	88	241				
Reason(s) for Filing (Check proper box)		/	10.	<u> </u>	Othe	S 8 5 (Please expla	in)				
New Well	Oil	Change in 1	Franspor Dry Gas								
Recompletion											
Change in Operator	Casinghead	Gas	Condens	sate							
If change of operator give name and address of previous operator											
II. DESCRIPTION OF WELL	AND LEA	SE									
Well No. Pool Name, Included Strain Pool Name, I					ing Formation			Kind of Lease State, Federal on Fee  Lease No.			
cooper &	It, QUEENS SIA			, redetal offree							
Location	,	( -							- 1		
Unit LetterB	_ :6	60	Feet Fro	om The	Yorth Line	and	<u>SO</u> Fe	et From The	E65T	Line	
Section 3 Townshi	p 20	ر کا	Range	32	E, NN	ирм,	<del> </del>		Lea	County	
III. DESIGNATION OF TRAN	CDODTE	OF OT	I ANI	D NATI	DAL GAS						
Name of Authorized Transporter of Oil		or Condens				address to wh	ich approved	copy of this f	orm is to be se	:nl)	
Name of Authorized Transporter of Casin	1	Address (Give address to which approved copy of this form is to be sent)									
Warren tet						1/sa, DK	74102				
If well produces oil or liquids, give location of tanks.	Unit Sec.		Twp. Rge.		l "		When	When?   4-16-8			
If this production is commingled with that	from any other	er lease or p	ool, giv	e comming		<u> </u>			16 0		
IV. COMPLETION DATA		с. р	, 6.		<b>-</b>						
	an.	Oil Well		Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion			_1_	_,	Table		<u></u>	<u></u>	<u></u>		
Date Spudded	Date Comp	Date Compl. Ready to Prod.				Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay			Tubing Depth			
Perforations						•		Depth Casing Shoe			
						IG PEGOD	<u> </u>				
				CEMENTING RECORD DEPTH SET			SACKS CEMENT				
HOLE SIZE	CASING & TUBING SIZE				DEFIN SET			SAUKS GEMENT			
								<u> </u>			
V. TEST DATA AND REQUE						1		- 44b au ba	for full 24 hou		
OIL WELL (Test must be after	Date of Tes		of load o	oil and mus					jor juli 24 noi	<u> </u>	
Date First New Oil Run To Tank			Producing Method (Flow, pump, gas lift, etc.)								
Length of Test	Tubing Pressure				Casing Pressu	іте		Choke Size	Choke Size		
tual Prod. During Test Oil - Bbls.					Water - Bbis.			Gas- MCF			
				<u> </u>	1,						
GAS WELL					TE/: 7	2.0.605		10:	Cd		
Actual Prod. Test - MCF/D	Length of Test				Bbls. Condensate/MMCF			Gravity of Condensate			
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size	Choke Size		
resuling intention (phos, out pr.)											
VI. OPERATOR CERTIFIC	LATE OF	COMP	IIAN	JCF.							
I hereby certify that the rules and regu				·CD		DIL CON	1SERV	ATION			
Division have been complied with and that the information given above								JUN	7 19	89	
is true and complete to the best of my	knowledge at	nd belief.			Date	Approve	d				
Marks									. SERBY CE	XTON	
Signature O					By_		DRIGINAL	SIGNED BY	Y JERRY SE		
<u> </u>	yron	7					DIS	TRICT I SU	PERVISOR		
Printed Name	Con	/ 1	Title		Title						
Date	Lock	Tele	nhone N	in P	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.
- 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.

## NO. OF COPIES RECEIVED DISTRIBUTION NEW MEXICO OIL CONSERVATION COMMISSION Form C-104 Supersedes Old C-104 and C-110 REQUEST FOR ALLOWABLE SANTA FE Effective 1-1-65 AND FILE AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS u.s OIL GAS PROP OFFICE CHANGE Operato W. K. Byrom Addres Box 147 - Hobbs, New Mexico 88240 Reason(s) for filing (Check proper box) Other (Please explain Well number changed from CooperC#2 to Change in Transporter of: Gooper G #3 Dry Gas Oil Recompletion Condensate Change in Ownership Casinghead Gas First-Wichita National Building If change of ownership give name and address of previous owner \_\_\_ Wichita Falls, Texas 76301 E. B. Clarke & C. B. Christie -II. DESCRIPTION OF WELL AND LEASE Well No. Pool Name, Including Formation Kind of Lease State, Federal or Fee Fee 3 Eumont, Queens J. W. Gooper Location 3 East t From The North В Unit Letter , NMPM. 20 Range 37 Lea , Township Line of Section III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be sent) Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Casinghead Gas or Dry Gas X Box 1492 - El Paso, Texas 79999 El Paso Natural Gas Co. Twp. Is gas actually connected? Rae. If well produces oil or liquids, give location of tanks. Yes If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Same Restv. Diff. Restv Flug Back Gas Well New Well Oll Well Workover Deepen Designate Type of Completion - (X) P.B.T.D. Total Depth Date Compl. Ready to Prod. Date Spudded Tubing Depth Top Oil/Gas Pay Name of Producing Formation Pool Depth Casing Shoe Perforations TUBING, CASING, AND CEMENTING RECORD SACKS CEMENT DEPTH SET CASING & TUBING SIZE HOLE SIZE (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) V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL Producing Method (Flow, pump, gas lift, etc.) Date of Test Date First New Oil Run To Tanks Choke Size Casing Pressure Tubing Pressure Length of Test Gas - MCF Water-Bbls. Oil - Bbls. Actual Prod. During Test **GAS WELL** Gravity of Condensate Bbls. Condensate/MMCF Actual Prod. Test-MCF/D Length of Test Choke Size Casing Pressure Tubing Pressure resting Method (pitot, back pr.) OIL CONSERVATION COMMISSION VI. CERTIFICATE OF COMPLIANCE APPROVED I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief. BY TITLE

(Signature)

(Title)

(Date)

W. Byrop

\_Geologist

8-17-71

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 Sections I, II, III, and VI only 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.

## RECEIVED

AUG 2/1971
OIL CONSERVATION COMM.
HOBBS, N. III.