

DISTRIBUTION			
ANTA FE			
ILE			
S.G.S.			
AND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			
PRORATION OFFICE			

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-105
Effective 1-1-65

I.

Operator W. K. Byrom	
Address Box 147 - Hobbs, N. M. 88240	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input checked="" type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input checked="" type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Humble-Laughlin Battery#2	Well No. 3	Pool Name, including Formation Eunice-Monument (G-SA)	Kind of Lease State, Federal or Fee	Lease No. Fee
Location				
Unit Letter P ; 660 Feet From The North Line and 660 Feet From The East				
Line of Section 4 Township 20S Range 37E , NMPM, Lea 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"/>	Address (Give address to which approved copy of this form is to be sent)					
Shell Pipe Pline Corporation	P. O. Box 1910 - Midland, Texas 79701					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
El Paso Natural Gas Co.	P. O. Box 1384 - Jal, N. M. 88252					
If well produces oil or liquids, give location of tanks.	Unit: P	Sec. 4	Twp. 20S	Rge. 37/E	Is gas actually connected? yes	When 12-12-74

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

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input type="checkbox"/>	Workover <input checked="" type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input checked="" type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res. <input checked="" type="checkbox"/>
Date Spudded 10-16-74	Date Compl. Ready to Prod. 10-22-74	Total Depth 3842		P.B.T.D. 3842					
Elevations (DF, RKB, RT, GR, etc.) 3539GL	Name of Producing Formation Grayburg	Top Oil/Gas Pay 3712		Tubing Depth 3700					
Perforations 3800-3712		Depth Casing Shoe 3842							
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
18"	16"		128		50				
10"	8 1/2"		1240		200				
8"	5 1/2"		3650		500				
5 1/2"	2-7/8"		3842		500				

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(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)

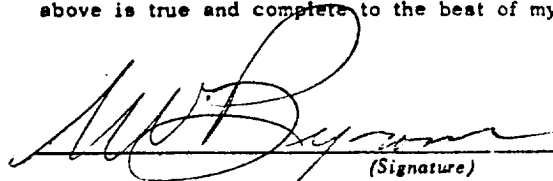
Date First New Oil Run To Tanks 10-22-74	Date of Test 10-22-74	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 24 hr	Tubing Pressure 85psi	Casing Pressure	Choke Size 21/64
Actual Prod. During Test	Oil-Bbls. 5	Water-Bbls. 0	Gas-MCF 100

GAS WELL

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

VI. CERTIFICATE OF COMPLIANCE

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.


(Signature)
Geologist
(Title)
12-30-74
(Date)

OIL CONSERVATION COMMISSION

APPROVED DEC 31 1974, 19

BY Joe D. Ramey
Dist. I, State

TITLE
This form is to be filed in compliance with RULE 1104.
If this is a request for allowable for a newly drilled or deepen well, this form must be accompanied by a tabulation of the deviate 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 multiple completed wells.

RECEIVED

NOV 19 1964
OIL CONSERVATION COMM.
HOUSTON, TEXAS