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U.S.G.S.		
LAND 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-110
Effective 1-1-65

I. Operator
Walter W. Krug DBA Wallen Production Company
Address
308 North Colorado Street, Suite # 4, Midland, Texas 79701
Reason(s) for filing (Check proper box)
New Well ☒ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐
Other (Please explain)
Casinghead Gas MUST NOT BE
FLARED AFTER 12/1/71
UNLESS AN EXCEPTION TO R-4070
IS OBTAINED

If change of ownership give name
and address of previous owner

THIS WELL HAS BEEN PLACED IN THE POOL
DESIGNATED BELOW. IF YOU DO NOT CONCUR
NOTIFY THIS OFFICE

II. DESCRIPTION OF WELL AND LEASE

Lease Name Wallen Federal	Well No. 1	Pool Name, including Formation North Lynch Yates, SR	Kind of Lease State, Federal or Fee Federal	Lease No. LC029512A
Location Unit Letter D : 330' Feet From The EN Line and 330' Feet From The W				
Line of Section 20 Township 20 Range 34, 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"/> The Permian Corporation	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1183, Houston, Texas 77001			
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> If we have enough will sell to NMG Co. Am dis. cursing it with them now.	Address (Give address to which approved copy of this form is to be sent)			
If well produces oil or liquids, give location of tanks.	Unit D	Sec. 20	Twp. 20	Rge. 34
Is gas actually connected?		When Have to see if we have more than we need for heater		

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	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 7-28-71 cabletool	Date Compl. Ready to Prod. 10-1-71	Total Depth 3606'		P.B.T.D.				
Elevations (DF, RKB, RT, GR, etc.) 3635	Name of Producing Formation Yates		Top Oil/Gas Pay 3330'		Tubing Depth			
Perforations 3557, 3525, 3423, 3377, 3355, 3552					Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
15	13 3/8		85		mudded in			
12 1/2	10 3/4		667		mudded in			
10	8 5/8		1483		423 sks			
8	7		3159		251 sks			

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 10-1-71	Date of Test 10-1-71	Producing Method (Flow, pump, gas lift, etc.) pumping & flowing	
Length of Test 12 hours	Tubing Pressure 30	Casing Pressure 70	Choke Size 24/64
Actual Prod. During Test 42	Oil - Bbls. 84	Water - Bbls. none	Gas - MCF 96

GAS WELL

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

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.

Walter W. Krug
(Signature)

(Title)

OIL CONSERVATION COMMISSION

APPROVED

OCT 22 1971

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BY

TITLE

SUPERVISOR DISTRICT I

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 or non-completed wells.