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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-11
Effective 1-1-65

Operator

Walter W. Krug DBA Wallen Production Company

Address

Box 1960 · Midland, Texas 79702

Reason(s) for filing *(Check proper box)*

New Well ☐
Recompletion ☐
Change in Ownership ☐

Change in Transporter of:
Oil ☐ Dry Gas ☐
Casinghead Gas ☒ Condensate ☐

Other *(Please explain)*

If change of ownership give name and address of previous owner _____

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Wallen Federal	7	~~North~~ Lynch Yates 7 Rivers	[redacted] Federal [redacted]	NM 13276

Location

Unit Letter F : 2310 Feet From The North Line and 2310 Feet From The ~~West~~ East

Line of Section 18 Township 20S Range 34E , NMPM, Lea County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐

Texas New Mexico Pipeline Company

Address *(Give address to which approved copy of this form is to be sent)*

Box 2528 Hobbs, New Mexico 88240

Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐

Phillips Petroleum Company

Address *(Give address to which approved copy of this form is to be sent)*

Bartlesville, Oklahoma 74004

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	D	20	20	34	yes	9-1977

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

COMPLETION DATA

Designate Type of Completion – (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.

Date Spudded	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

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

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)

OIL WELL

Date First New Oil Run To Tanks	Date of Test	Producing Method *(Flow, pump, gas lift, etc.)*	
Length of Test	**Tubing Pressure**	**Casing Pressure**	**Choke Size**
Actual Prod. During Test	**Oil - Bbls.**	**Water - Bbls.**	**Gas - MCF**

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**

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)

co-owner
(Title)

6-25-1981
(Date)

OIL CONSERVATION COMMISSION

APPROVED JUL 24 1981, 19 _____

BY _____

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.

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	GAS		
OPERATOR			
PRORATION OFFICE			

NEW MEXICO OIL CONSERVATION COMMI...ON
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

Box 1960 Midland, Texas 79702

Reason(s) for filing *(Check proper box)*

New Well [ ]
Recompletion [ ]
Change in Ownership [ ]

Change in Transporter of:
Oil [ ] Dry Gas [ ]
Casinghead Gas [X] Condensate [ ]

Other *(Please explain)*

If change of ownership give name and address of previous owner no change

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Wallen Federal	7	Teas, Yates, Seven Rivers	State, Federal or Fee Federal	NM 13276

Location

Unit Letter G ; 2310 Feet From The N Line and 2310 Feet From The E

Line of Section 18 Township 20 Range 34 , NMPM, Lea County

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)*

Name of Authorized Transporter of Casinghead Gas [X] or Dry Gas [ ]
Phillips Petro. Co.
Address *(Give address to which approved copy of this form is to be sent)*
Bartlesville, Oklahoma 74003

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	D	20	20 S	34E	yes	10-1978

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.