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	GAS	
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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

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 <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Other (Please explain)	

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Wallen Federal	Well No. 7	Pool Name, Including Formation Teas, Yates, Seven Rivers	Kind of Lease State, Federal or Fee NM	Lease No. 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 , NMFM, 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)					
Texas New Mexico Pipeline Company	221 North Colorado Street, Midland, Texas					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
we will sell it to Llano Pipeline Company	None					
When we have an excess over what we use	None					
If well produces oil or liquids, give location of tanks.	Unit D	Sec. 20	Twp. 20	Rge. 34	Is gas actually connected? No	When to sell When we have enough

If this production is commingled with that from any other lease or pool, give commingling order number: none

V. 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 9-17-1973	Date Compl. Ready to Prod. 2-26-1974	Total Depth 3533'			P.B.T.D. same			
Elevations (DF, RKB, RT, GR, etc.) GR 3617	Name of Producing Formation Yates	Top Oil/Gas Pay 3380'			Tubing Depth 3405.35'			
Perforations 227 - 241			Depth Casing Shoe 3533'					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET			SACKS CEMENT			
15"	13 3/8"	326			ctmd w/7" pipe below			
8"	7"	3294			735 sxs			
6 1/4"	4 1/2"	3563			50 sxs			
12 1/2" 10"	10 3/4"	8 5/8" 1645						

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 2-28-1974	Date of Test 2-28-1974	Producing Method (Flow, pump, gas lift, etc.) pumping	
Length of Test 24 hours	Tubing Pressure 75	Casing Pressure 120#	Choke Size none
Actual Prod. During Test 65	Oil-Bbls. 65	Water-Bbls. 0	Gas-MCF TSTM

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

I. 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
Engineer
(Signature)
(Title)

OIL CONSERVATION COMMISSION

APPROVED _____, 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 or non-allowable recompleting wells.