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| DISTRIBUTION | |
| SANTA FE | |
| FILE | |
| U.S.G.S. | |
| LAND OFFICE | |
| TRANSPORTER | OIL |
| | GAS |
| OPERATOR | |
| PRODUCTION 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-1
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 ☐ Change in Transporter of: Oil ☐ Dry Gas ☐
Recompletion ☐ Oil ☐ Condensate ☐
Change in Ownership ☐ Casinghead Gas ☒ Condensate ☐
If change of ownership give name and address of previous owner

I. DESCRIPTION OF WELL AND LEASE
Lease Name Wallen Federal Well No. 8Y Pool Name, Including Formation Texas North Lynch Yates 7 Rivers Kind of Lease Federal Lease No. NM 13276
Location
Unit Letter K : 2310 Feet From The South Line and 2295 Feet From The West
Line of Section 18 Township 20S Range 34E N.M.P.M. Lea County

II. 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 D Sec. 20 Twp. 20 Rge. 34 Is gas actually connected? yes When 10-1977
If this production is commingled with that from any other lease or pool, give commingling order number:

V. COMPLETION DATA
Designate Type of Completion - (X) Oil Well Gas Well New Well Workover Deepen Plug Back Same Res't. Diff. Res't.
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

VI. 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 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 (pilot, back pr.) Tubing Pressure (shut-in) Casing Pressure (shut-in) Choke Size

VII. 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
JUL 24 1981
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 completion 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.