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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-110  
Effective 1-1-65

Great Western Drilling Company	
Address Post Office Box 1659 Midland, TX 79702	
Reason(s) for filing (check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	EXCESSIVE GAS MUST NOT BE PRODUCED ON 4/3/80 PLEASE ATTENTION TO MOUNT TUBING
Recompletion <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	
Change in Transporter of:	
Oil <input type="checkbox"/>	Dry Gas <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 Bordages	Well No. 3	Pool Name, Including Formation Eunice-Monument (Grayburg S.A.)	Kind of Lease State, Federal or Fee Federal
Location Unit Letter <u>N</u> ; <u>660'</u> Feet From The <u>South</u> Line and <u>1980'</u> Feet From The <u>West</u> Line of Section <u>28</u> , Township <u>19S</u> Range <u>37E</u> , NMPM, <u>Lea</u> 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) UPG, Inc. P. O. Box 66, Liberal, Kansas 67901	
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)	
If well produces oil or liquids, give location of tanks.	Unit N	Sec. 28
	Twp. 19S	Rge. 37E
	Is gas actually connected? no	When pending

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 checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded 01-2-80	Date Compl. Ready to Prod. 02-07-80		Total Depth 4,055		P.B.T.D. 4,002			
Pool Eunice-Monument	Name of Producing Formation Grayburg-San Andres		Top Oil/Gas Pay 3780		Tubing Depth 3724			
Perforations 3780' tp 3921' with 76 holes					Depth Casing Shoe 4049.32' RKB			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-1/4"	8-5/8" 24#		413.64' RKB		250 Sx Class "C" + 4% Cat			
7-7/8"	4-1/2" 10.5#		4049.32' RKB		600 Sx Class "C" + 2% Cat & 1/4# flocele/sx			

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)

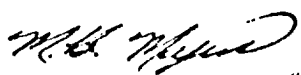
Date First New Oil Run To Tanks 02-03-80	Date of Test 02-07-80	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 24 hours	Tubing Pressure 100 psi	Casing Pressure packer	Choke Size 3/4"
Actual Prod. During Test 221	Oil-Bbls. 207.74	Water-Bbls. 13.26	Gas-MCF 150

GAS WELL

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

M. B. Myers

Assistant General Superintendent

(Title)

02-12-80

(Date)

OIL CONSERVATION COMMISSION

APPROVED

FEB 21 1980

19

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 on new and recompleted wells.

Fill out Sections I, II, III, and VI only 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.