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1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

I. Operator DRUM ENERGY CORPORATION		Well API No. 30-025-27696
Address P.O. Box 2134, Midland, TX 79702		
Reason(s) for Filing (Check proper box) New Well <input type="checkbox"/> Change in Transporter of: Recompletion <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Change in Operator <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>		

If change of operator give name
and address of previous operator

THIS WELL HAS BEEN PLACED IN THE POOL
DESIGNATED BELOW. IF YOU DO NOT CONCUR
NOTIFY THIS OFFICE. *9843*

II. DESCRIPTION OF WELL AND LEASE		Lease Name Werta Federal	Well No. 1	Pool Name, Including Formation <i>Undesignated House Blinebry</i>	Kind of Lease <i>State, Federal or Tex</i>	Lease No. NM-14812
Location Unit Letter <i>0</i> : <i>2310</i> Feet From The <i>East</i> Line and <i>330</i> Feet From The <i>South</i> Line Section <i>35</i> Township <i>19 S</i> Range <i>38 E</i> , 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"/> Scurlock Permian Corp.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 4648, Houston, TX 77210-4648					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> SidRichardson Carbon & Gasoline Co.	Address (Give address to which approved copy of this form is to be sent) <i>401 Main St. Ft. Worth, TX 76102</i>					
If well produces oil or liquids, give location of tanks.	Unit <i>0</i>	Sec. <i>35</i>	Twp. <i>19S</i>	Rge. <i>38E</i>	Is gas actually connected? <i>yes</i>	When? <i>6-11-82</i>

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 type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input checked="" type="checkbox"/>	Same Res'v <input type="checkbox"/>	Diff Res'v <input checked="" type="checkbox"/>
Date Spudded <i>PB 8-24-92</i>	Date Compl. Ready to Prod. <i>8-28-92</i>		Total Depth <i>7200'</i>			P.B.T.D. <i>6410'</i>		
Elevations (DF, RKB, RT, GR, etc.) <i>3577' GR</i>	Name of Producing Formation <i>Blinebry</i>		Top Oil/Gas Pay <i>6046'</i>			Tubing Depth <i>6016'</i>		
Perforations <i>6046-6049; 6091-6094; 6102-6104; 6113-6114; 6124-6125 2SPF</i>						Depth Casing Shoe		
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT		
-----ON FILE-----								

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 Tank <i>8-28-92</i>	Date of Test <i>9-23-92</i>	Producing Method (Flow, pump, gas lift, etc.) <i>Pump</i>	
Length of Test <i>24'</i>	Tubing Pressure (pump)	Casing Pressure <i>18#</i>	Choke Size (pumping)
Actual Prod. During Test	Oil - Bbls. <i>22</i>	Water - Bbls. <i>25</i>	Gas- MCF <i>150</i>

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

VI. OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Signature *David R. Mussett* President
Printed Name *9-28-92* (915) 684-9081
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved *OCT 19 '92*
SIGNED BY *Paul Kautz*
By *Geologist*
Title

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.

10/19/92
3A House Drunkard
N. House Tub