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U.S.G.S.	
LAND OFFICE	
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-110
Effective 1-1-65

I.

Operator Southern Petroleum Exploration, Inc.	
Address Box 1434, Roswell, New Mexico	
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 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 Downes D	Well No. 3	Pool Name, Including Formation Tubb Gas	Kind of Lease State, Federal or Fee Fee
Location			
Unit Letter N	660	Feet From The South	Line and 2130 Feet From The West
Line of Section 32	Township 21-S	Range 37-E	NMPM, Lea County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) Box 2648, Houston, Texas		
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) Box 1492, El Paso, Texas		
If well produces oil or liquids, give location of tanks.	Unit K	Sec. 32	Twp. 21-S Rge. 37-E
Is gas actually connected?		When	
No			

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'tv.	Diff. Res'tv.
			<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
Date Spudded 12/2/64	Date Compl. Ready to Prod. 12/22/64	Total Depth 6680'		P.B.T.D. 6450'					
Pool Tubb Gas	Name of Producing Formation Tubb	Top Oil/Gas Pay 6145'		Tubing Depth 6132'					
Perforations 6214-6145, 6226-6222' (2 shots per ft.)				Depth Casing Shoe					
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		SACKS CEMENT					
17"	13-3/8"	319'		310					
12-1/4"	9-5/8"	2819'		1400					
8-3/4"	7"	6555'		200					
	2"	6132'							

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	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 1460	Length of Test 24 hr.	Bbls. Condensate/MMCF Produced emulsion & water during test.	Gravity of Condensate
Testing Method (pitot, back pr.) Four point back pr.	Tubing Pressure 1430# to 875#	Casing Pressure 1520# to 1041#	Choke Size 1/2, 5/8 & 3/4

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.

B. C. Hicks
(Signature)
B. C. Hicks, District Land Manager
(Title)
March 12, 1965
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____
BY **John D. Ramsey**
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 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 multiply completed wells.