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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 O-104  
Supersedes Old O-104 and O-110  
Effective 1-1-65

I.

Name of Owner	
Crown Central Petroleum Corporation	
Address	
731 W. Wadley, Bldg. K, Midland, Texas 79705	
Reason(s) for filing (Check proper box)	
New Well <input type="checkbox"/>	Change in Transporter of:
Existing Well <input checked="" type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Transporter <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	Well No.	Field Name, Including Formation	Kind of Lease
McCallister	1	West Nadine Blinebry	State, Federal or Free Fee
Location			
Unit Letter	660	Feet From The	S Line and 560 Feet From The W
Section	5	Township	20S Range 38E, NMPL, 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)	
Koch Oil Company	Box 1725, 1725 N. Grimes, Hobbs, New Mexico 8824	
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)	
Warren Petroleum		
If well produces oil or liquids, give location of tanks.	Unit	Sec.
M	5	20S
		Rge.
		38E
Is gas actually connected?	Yes	When
		1961

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 type="checkbox"/>	Same Restv. <input type="checkbox"/>	Diff. Restv. <input checked="" type="checkbox"/>
Date Spudded	Date Compl. Ready to Prod.		Total Depth		F.B.T.D.			
	April 12, 1983		7000'		6567'			
Pool	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
West Nadine Blinebry	Blinebry		5878'		6158'			
Perforations						Depth Casing Shoe		
5878, 79, 80, 81, 82 (1 SPF) 0.4 holes						6999'		
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
15"	10 3/4"		298		280 sx			
9 7/8"	7"		4022		800 sx			
6 1/4"	4 1/2"		6999		300 sx			
	2 3/8"		6158					

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.)	
April 12, 1983	April 12 & 13 1983	Pumping	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hrs.	120	60	-0-
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
167	162	5	182

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, 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.

  
K.K. Kirby

Production Engineer

April 21, 1983

(Date)

OIL CONSERVATION COMMISSION

APR 27 1983

APPROVED \_\_\_\_\_, 19 \_\_\_\_\_

BY ORIGINAL SIGNED BY JERRY SEXTON

TITLE DISTRICT I SUPERVISOR

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.

APR 23 1983  
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