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Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

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

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

I.

Operator TEAM EXPLORATION	Well API No. 30-025-22245
Address c/o OIL REPORTS & GAS SERVICES, INC., P.O. Box 755, Hobbs, NM 88241	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input checked="" type="checkbox"/> <i>Same pool</i> 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

II. DESCRIPTION OF WELL AND LEASE

Lease Name McGarrity	Well No. 1	Pool Name, Including Formation East Weir Blinebry	Kind of Lease State, Federal or <u>Fee</u>	Lease No.
Location				
Unit Letter N	660	Feet From The South Line and 2310	Feet From The West Line	
Section 6	Township 20S	Range 38E , 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"/>	Address (Give address to which approved copy of this form is to be sent) Box 1183 HOUSTON, TX. 77001					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) Box 1589 TULSA, OK 74103					
If well produces oil or liquids, give location of tanks.	Unit N	Sec. 6	Twp. 20S	Rge. 38E	Is gas actually connected? No	When? When tested

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	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded	Date Compl. Ready to Prod.	Total Depth	7450					
Elevations (DF, RKB, RT, GR, etc.) 3579 KB	Name of Producing Formation Blinebry	Top Oil/Gas Pay	5791					
Perforations 5791-5792						Depth Casing Shoe		

TUBING, CASING AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
	8-5/8"	1530	1000
	5-1/2"	7089	1000

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 10-12-92	Date of Test 10-14-92	Producing Method (Flow, pump, gas lift, etc.) PUMP	
Length of Test 24 HRS	Tubing Pressure 40 lbs	Casing Pressure 0	Choke Size
Actual Prod. During Test 65 BBL	Oil - Bbls. 35	Water - Bbls. 30	Gas - MCF UNKNOWN

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 *Donald A. Turner*
Printed Name **DONALD A. TURNER** Title **President**
Date **10-14-92** Telephone No. **915/682-3418**

OIL CONSERVATION DIVISION

Date Approved **OCT 21 92**
By **Paul Kanta**
Title **Geologist**

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.