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	GAS	
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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

Operator <b>Welfson Oil Company</b>	
Address <b>3806 Republic Bank Tower Dallas, Texas</b>	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	PURSUANT TO THE POOL RULES THIS AUTHORITY TO PRODUCE AND SELL OIL FROM THIS WELL WILL REMAIN VALID UNLESS A CASINGHEAD GAS PERMIT OR AN ALTERNATE EXCEPTION TO THE NO-STATE-RULE HAS BEEN OBTAINED BY <b>4/12/70</b>
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 <b>State "B"</b>	Well No. <b>3</b>	Pool Name, Including Formation <b>Danies, South Queen 7 Rivers</b>	Kind of Lease State, Federal or Fee <b>State</b>	Lease No. <b>2-11-84</b>
Location Unit Letter <b>B</b> ; <b>330</b> Feet From The <b>North</b> Line and <b>1650</b> Feet From The <b>East</b> Line of Section <b>17</b> Township <b>22S</b> Range <b>36E</b> , NMPM, <b>1CA</b> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> <b>Texas-New Mexico Pipe Line</b>	Address (Give address to which approved copy of this form is to be sent) <b>Texas-New Mexico Pipe Line Midland, Texas</b>					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> <b>Asland Chemical Co.</b>	Address (Give address to which approved copy of this form is to be sent) <b>Houston, Texas</b>					
If well produces oil or liquids, give location of tanks.	Unit <b>B</b>	Sec. <b>17</b>	Twp. <b>22S</b>	Rge. <b>36E</b>	Is gas actually connected? <b>No</b>	When <b>As soon as possible</b>

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'v.	Diff. Res'v.
<b>X</b>		<b>X</b>							
Date Spudded <b>12-19-69</b>	Date Compl. Ready to Prod. <b>1-14-70</b>	Total Depth <b>3650</b>		P.B.T.D. <b>3639</b>					
Elevations (DF, RKB, RT, GR, etc.) <b>3598 RT</b>	Name of Producing Formation <b>Queen</b>	Top Oil/Gas Pay <b>3658</b>		Tubing Depth <b>3800</b>					
Perforations <b>3658-3670 18 holes</b>				Depth Casing Shoe <b>3850</b>					
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
<b>10 1/2</b>	<b>8 5/8</b>		<b>378</b>		<b>250 cire</b>				
<b>6 7/8</b>	<b>1 1/2</b>		<b>3850</b>		<b>300</b>				
	<b>8</b>		<b>3800</b>						

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 <b>1-18-70</b>	Date of Test <b>1-19-70</b>	Producing Method (Flow, pump, gas lift, etc.) <b>Flow</b>	
Length of Test <b>24</b>	Tubing Pressure <b>90</b>	Casing Pressure <b>180</b>	Choke Size <b>3/4</b>
Actual Prod. During Test <b>21</b>	Oil-Bbls. <b>21</b>	Water-Bbls. <b>0</b>	Gas-MCF <b>252</b>

GAS WELL

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

**W. B. Freedman**  
W. B. Freedman

Prod. Eng.

(Signature)

(Title)

1-20-70

(Date)

OIL CONSERVATION COMMISSION

APPROVED

JAN 22 1970

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 only Sections I, II, III, and VI 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.

