

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

Form C-104
Revised 10-01-78
Format 06-01-83
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OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	NAT
OPERATOR	
PRODUCTION OFFICE	

I. Operator
Minerals, Inc.

Address
P.O. Box 1320, Hobbs, New Mexico 88241

Reason(s) for filing (Check proper box)

<input type="checkbox"/> New Well	Change in Transporter of:	<input type="checkbox"/> Dry Gas
<input checked="" type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	<input type="checkbox"/> Condensate
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas	

Other (Please explain)

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name LLANO 'B' STATE COM	Well No. 1	Pool Name, including Formation East Grama Ridge Morrow	Kind of Lease State, Federal or Fee State	Lease No. E-2141-1
Location Unit Letter <u>H</u> : <u>1980</u> Feet From The <u>North</u> Line and <u>660</u> Feet From The <u>East</u>				
Line of Section <u>3</u> Township <u>22S</u> Range <u>34E</u> , 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"/> Navajo Refining Company	Address (Give address to which approved copy of this form is to be sent) P.O. Box 159, Artesia, New Mexico 88210
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> Phillips Petroleum Company	Address (Give address to which approved copy of this form is to be sent) 100 Pioneer Bldg. Bartlesville, OK 74004
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When Yes 12/22/80

If this production is commingled with that from any other lease or pool, give commingling order number:

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. 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 is true and complete to the best of my knowledge and belief.


(Signature)
Vice President
(Title)
2-5-86
(Date)

OIL CONSERVATION DIVISION

APPROVED FEB 13 1986, 19
BY ORIGINAL SIGNED BY JERRY ECKTON
DISTRICT I SUPERVISOR
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 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.

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well X	New Well	Workover	Deepen	Plug Back X	Same Res'v. X	DILL Res.
Date Spudded 3/14/80	Date Compl. Ready to Prod. 10/9/85		Total Depth 13,310		P.B.T.D. 12,660'				
Elevations (DF, RKB, RT, GR, etc.) 3592.SGL 3614KB		Name of Producing Formation Morrow 'X'		Top Oil/Gas Pay 12,598'		Tubing Depth 12,560			
Perforations 12,598-625' (2 ISPF-55 total)						Depth Casing Shoe 13,310			
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
20"		16"		1,160		1200			
14 3/4"		10 3/4"		5,607		5925			
9 1/2"		7 5/8"		11,180		2700			
6 1/2"		5 1/2" liner		10,849 - 13,310		425			

V. TEST DATA AND REQUEST FOR ALLOWABLE (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 38	Length of Test 24 hrs	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.) Pipeline	Tubing Pressure (Shut-in) 540 psig	Casing Pressure (Shut-in) PKR	Choke Size 10/64"

RECEIVED
FEB 12 1986
C.C.D.
HOBBS OFFICE