STATE OF NEW MEXICO
GY AND MINERALS DEPARTMENT

Form C-104
Revised 10-1-78

OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES RECEIVED	
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SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER OIL / GAS	
OPERATOR	
PRORATION OFFICE	

Operator
MINERALS, INC.

Address
P. O. Box 1320 Hobbs, New Mexico 88240

Reason(s) for filing (Check proper box)
New Well [X]
Recompletion [ ]
Change in Ownership [ ]
Change in Transporter of: Oil [ ] Dry Gas [ ] Casinghead Gas [ ] Condensate [ ]
Other (Please explain)

If change of ownership give name and address of previous owner

THIS WELL HAS BEEN PLACED IN THE POOL INDICATED BELOW. IF YOU DO NOT CONCUR NOTIFY THIS OFFICE. R-6576

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Llano "3" State Com.	1	East Grama Ridge Lower Bone Springs	State, Federal or Fee State	E-9141-1

Location
Unit Letter H : 1980 Feet From The North Line and 660 Feet From The East

Line of Section 3 Township 22 South Range 34 East , NMPM, Lea County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil [X] or Condensate [ ]
Southern Union Refining Co.
Address (Give address to which approved copy of this form is to be sent)
P. O. Box 980 Hobbs, New Mexico 88240

Name of Authorized Transporter of Casinghead Gas [ ] or Dry Gas [ ]
Llano, Inc.
Address (Give address to which approved copy of this form is to be sent)
P. O. Box 1320 Hobbs, New Mexico 88240

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	H	3	22S	34E	Yes	8-12-80

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

COMPLETION DATA

Designate Type of Completion -- (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Resv.	Diff. Resv.
	X		X					

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
3-14-80	8-12-80	13310	13268

Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
3592.5 GL 3614 KB	Bone Springs	10719	10714

Perforations	Depth Casing Shoe
10719 - 10745	11180

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
20	16" 65# H-40	1160	1200
14 3/4	10 3/4" 45.5# K-55	5607	5925
9 1/2	7 5/8" 29.7# S-95	11180	2700
6 1/2	5 1/2" 23.3# N-80	liner 10849-13310	425

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)

OIL WELL

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
8-12-80	9-25-80	Gas lift	
Length of Test	**Tubing Pressure**	**Casing Pressure**	**Choke Size**
24 hrs.	220	1200	1"
Actual Prod. During Test	**Oil - Bbls.**	**Water - Bbls.**	**Gas - MCF**
-	28	483	230

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**

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)
President
(Title)
10/2/80
(Date)

OIL CONSERVATION DIVISION

APPROVED _____, 19 _____

BY _____

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 multiple