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

I.

Operator

MORRIS R. ANTWEIL

Address

Box 2010, Hobbs, New Mexico 88240

Reason(s) for filing (Check proper box)

New Well [X]   Change in Transporter of:

Recompletion [ ]   Oil [ ]   Dry Gas [ ]

Change in Ownership [ ]   Casinghead Gas [ ]   Condensate [ ]

Other (Please explain) CASINGHEAD GAS MUST NOT BE FLARED AFTER 6/1/81 UNLESS AN EXCEPTION TO R-4070 IS OBTAINED.

If change of ownership give name
and address of previous owner _____

THIS WELL HAS BEEN PLACED IN THE POOL DESIGNATED BELOW. IF YOU DO NOT CONCUR NOTIFY THIS OFFICE. *West Nadine Blinebry*

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
NADINE	1	Undesignated	State, Federal or Fee Fee	

Location

Unit Letter __A__ ; __990__ Feet From The __North__ Line and __990__ Feet From The __East__

Line of Section __5__   Township __20-S__   Range __38-E__ , NMPM,   __Lea__ County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil [X] or Condensate [ ]

WESTERN CRUDE OIL

Address (Give address to which approved copy of this form is to be sent)

Box 5568, Denver, Colorado 80217

Name of Authorized Transporter of Casinghead Gas [ ] or Dry Gas [ ]

Address (Give address to which approved copy of this form is to be sent)

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	A	5	30	38		

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.
	X		X					

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
1 November 1980	8 April 1981	7150'	6135'

Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
3588' GR	BLINEBRY	6080'	6080'

Perforations	Depth Casing Shoe
6080' – 6115' (15 Holes)	7150'

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/4"	8-5/8"	1500'	750
7-7/8"	5-1/2"	7150'	1050
	2-3/8"	6080'	

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)

OIL WELL

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
4 January 1981	7 April 1981	Pump	

Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24	– – –	– – – –	– – – –

Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
	30	3	4.27

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.

_____
(Signature)

Production Clerk
(Title)

April 30, 1981
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____

BY *Leslie A. Clements*

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.