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NEW MEXICO OIL CONSERVATION COM. SION Form C-104 Supersedes Old C-104 and C-110 REQUEST FOR ALLOWABLE Effective 1-1-65 AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS CATENGHEAD GAS MUST NOT THE UNLESS AN EXCEPTION TO MAKE A CHIAINED. BTA OIL PRODUCERS Address 104 South Pecos M Reason(s) for filing (Check proper box) Midland, Texas 7970] Other (Please explain) New Well Change in Transporter of: Dry Gas Recompletion Oil Condensate Change in Ownership 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 HOTIFY THIS OFFICE. R-6810 11-1-81 II. DESCRIPTION OF WELL AND LEASE Kind of Lease Lease No. Well No. Pool Name, Including Formation State, Federal or Fee Jalmat (Yates) Rock Lake "15", 7404 JV-S Location 330 East 1980 Feet From The North Line and Feet From The _ Unit Letter Lea County 35-E , NMPM 22-S Line of Section 15 Township Range II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Address (Give address to which approved copy of this form is to be sent) or Condensate Name of Authorized Transporter of Oil P. O. Box 2297, Midland, Texas 79702

Address (Give address to which approved copy of this form is to be sent) BASIN, INC.
Name of Authorized Transporter of Casinghead Gas or Dry Gas When Is gas actually connected? P.ge. Unit If well produces oil or liquids, give location of tanks. ! 15 - 22 35 No Н If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Same Res'v. Diff. Res'v. Plug Back New Well Workover Gas Well Designate Type of Completion - (X) Total Depth P.B.T.D. Date Compl. Ready to Prod. Date Spudded <u>4109'</u> 4200' 3-10-81 2-10-81 Tubing Depth Top Oil/Gas Pay Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation 4100' 3972 Yates 3583 GL, 3593' KB Depth Casing Shoe Perforations 4200' 3972' - 4058' TUBING, CASING, AND CEMENTING RECORD SACKS CEMENT DEPTH SET CASING & TUBING SIZE HOLE SIZE 400' 250 12-1/4" 8-5/8" 5-1/2" 700 4200' 7-7/8" (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) V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL Producing Method (Flow, pump, gas lift, etc.) Date First New Oil Run To Tanks Date of Test Pump 3-17-8 3-11-81 Choke Size Tubing Pressure Length of Test 24 hrs. Gga - MCF Water - Bbis. Oil-Bbls. Actual Prod. During Test **TSTM** 38 36 GAS WELL Gravity of Condensate Bbis. Condensate/MMCF Length of Test Actual Prod. Test-MCF/D Casing Pressure (Shut-in) Choke Size Tubing Pressure (Shut-in) Testing Method (pitot, back pr.) OIL CONSERVATION COMMISSION 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.

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/		(Signature)			
•	_	Jakana Administa	ator		

Regulatory Administrator (Title)

> 3/24/81 (Date)

TITLE . This form is to be filed in compliance with RULE 1104.

SERVEDA DISTRICT

APPROVED

If this is a request for allowable for a newly drilled or despened 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 pleted welle.