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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
Mercury Exploration Company

Address
1619 Pennsylvania Avenue, Fort Worth, Texas 76104

Reason(s) for filing (Check proper box)

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

Other (Please explain)

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name: Connally Federal

Well No.: 1

Pool Name, including Formation: *Atoka wildcat atoka*

Kind of Lease (Federal) State, Federal or Fee

Lease No.: NM27805

Location

Unit Letter: J; 1980 Feet From The East Line and 1980 Feet From The South

Line of Section: 15 Township: 22S Range: 32E, NMPM, Lea County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☒
Permian Corporation

Address (Give address to which approved copy of this form is to be sent)
P.O. Box 1183, Houston, TX 77251-1183

Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒
Transwestern

Address (Give address to which approved copy of this form is to be sent)
P.O. Box 1188, Houston, TX 77001

If well produces oil or liquids, give location of tanks.

Unit	Sec.	Twp.	Rge.
J	15	22S	32E

Is gas actually connected? Yes

When: 1982 2-13-90 atoka

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				X
Date Spudded 3/20/82	Date Compl. Ready to Prod. 2/13/90	Total Depth 15,119	P.B.T.D. 14,200					
Elevations (DF, RKB, RT, GR, etc.) G.R. 3728	Name of Producing Formation Atoka	Top Oil/Gas Pay 13,636	Tubing Depth 13,558					
Perforations 13,636 - 13,814			Depth Casing Shoe 15,119					

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
26"	16"	573'	1410
14-3/4"	10-3/4"	4695'	3350
9-1/2"	7-5/8"	12116'	835
6-1/2"	5"	15119'	515

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	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 121 MCFD	Length of Test 24 hours	Bbls. Condensate/MMCF 0	Gravity of Condensate NA
Testing Method (pitot, back pr.) back pr.	Tubing Pressure (shut-in) 7516	Casing Pressure (shut-in) 0	Choke Size 8/64

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.

Jerry Sexton
(Signature)

Production Superintendent

(Title)

July 16, 1990

(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____

BY _____ ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT 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 deeper well, this form must be accompanied by a tabulation of the device tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for all wells on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of oil well name or number, or transporter, or other such change of condition.

2A East Red Tank Marrow

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