

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-11
Effective 1-1-65

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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
PRORATION OFFICE	

Operator
Crown Central Petroleum Corporation

Address
731 W. Wadley, Bldg. K, Suite 200, Midland, Texas 79701

Reason(s) for filing (Check proper box) Other (Please explain)

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

If change of ownership give name
and address of previous owner

I. DESCRIPTION OF WELL AND LEASE

Lease Name McCallister	Well No. and Locality including Direction 4 West Nadine-Drinkard	Kind of Lease State, Federal or Fee Fee
Location Unit Letter N : 660 Feet From The S Line and 1930 Feet From The W Line of Section 5 , Township 20S Range 38E , NE/4, 1930 County		

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Koch Oil Company	Address (Give address to which approved copy of this form is to be sent) Wilco Bldg., Suite 2205, Midland, Texas 79701
Name of Authorized Transporter of Natural Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> Warren Petroleum	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. Range M 5 20S 38E
Is this actually connected?	When yes November 2, 1982

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

III. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> New Well <input checked="" type="checkbox"/> Workover <input type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input type="checkbox"/> Same Resv. <input type="checkbox"/> Diff. Resv. <input type="checkbox"/>
Date Spudded September 5, 1982	Date Compl. Ready to Prod. November 20, 1982
Pool West Nadine-Drinkard	Name of Producing Formation Drinkard
Perforations 6930-6961	Top of Producing Layer 6930
	Depth 7049
	Depth Casing Shoe
TUBING, CASING, AND CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE
17 1/2"	13 3/8"
12 1/4"	8 5/8"
7 7/8"	5 1/2"
	DEPTH SET
	20'
	1550'
	7100'
	SACKS CEMENT
	Redi Mix
	765 sx.
	2575 sx.

IV. 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)

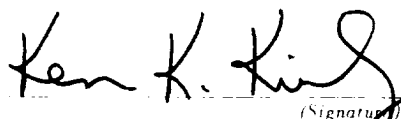
Date First New Oil Run To Tanks November 20, 1982	Date of Test 11/20-12/4/82	Producing Method (Flow, pump, gas lift, etc.) Pumping
Length of Test 24 hrs.	Flowing Pressure 100#	Casing Pressure
Actual Prod. During Test 12.5	Oil-PPHs. 12.5	Water-PPHs. 0
		Gas-MCF 38 mcf

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	PPHs. Condensate 2-MCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Flowing Pressure	Casing Pressure	Choke Size

V. 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.



K.K. Kirby

Petroleum Engineer

December 15, 1982

(Title)

(Date)

OIL CONSERVATION COMMISSION

APPROVED **DEC 27 1982**, 19

BY **ORIGINAL SIGNED BY**

JERRY SEXTON

TITLE **DIRECTOR**

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 Sections I, II, III, and VI only 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 completions.