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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-11
Effective 1-1-85

1. **Owner**
Crown Central Petroleum Corporation
Address
4000 N. Big Spring, Suite 213, Midland, Texas 79705

Reason(s) for filing (check proper box)		Other (Please explain)
New Well <input type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	
Recompletion <input type="checkbox"/>	Casinghead Gas <input checked="" type="checkbox"/> Condensate <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>		

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name Christmas	Well No. 2	Pool Name, including Formation West Nadine - Blinebry	Kind of Lease State, Federal or Fee Fee
Location Unit Letter <u>A</u> ; <u>380</u> Feet From The <u>North</u> Line and <u>420</u> Feet From The <u>East</u> Line of Section <u>7</u> , Township <u>20S</u> Range <u>38E</u> , NMPM, <u>Lea</u> County			

III. 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) P.O. Box 3609, Midland, Texas 79702
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> Warren Petroleum Corporation	Address (Give address to which approved copy of this form is to be sent) P.O. Box 67, Monument, New Mexico 88265
If well produces oil or liquids, give location of tanks. Unit <u>0</u> Sec. <u>6</u> Twp. <u>20S</u> Rge. <u>38E</u>	Is gas actually connected? <u>YES</u> When <u>JUNE 17, 1985</u>

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) <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> New Well <input type="checkbox"/> Workover <input type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input type="checkbox"/> Same Res'v. <input type="checkbox"/> Diff. Res'v.	Date Spudded 2-17-85	Date Compl. Ready to Prod. 5-24-85	Total Depth 7500	P.B.T.D. 6565
Pool West Nadine	Name of Producing Formation Blinebry		Top Oil/Gas Pay 5848	Tubing Depth 5962
Perforations 5848, 60, 61, 62, 63, 72 (6 - 0.4" jet shots)				Depth Casing Shoe
TUBING, CASING, AND CEMENTING RECORD				
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
12-1/4"	8-5/8" - 24#	1506	725	
7-7/8"	5-1/2" - 15.5 & 27#	7498	1470	
	2-3/8"	5962		

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 5-25-85	Date of Test 6-10-85	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hours	Tubing Pressure 50	Casing Pressure 40	Choke Size -
Actual Prod. During Test 35	Oil - Bbls. 33	Water - Bbls. 2	Gas - MCF 91

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure	Casing Pressure	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.


K. K. Kirby

Petroleum Engineer

June 14, 1985

(Signature)
(Title)
(Date)

OIL CONSERVATION COMMISSION

AUG - 7 1985

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 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.

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HARRIS