STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

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DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.4.	
LAND OFFICE	
TRANSPORTER	DIL
	BAS
OPERATOR	
PRORATION OFFIC	:E

OIL CONSERVATION DIVISION P. O. BOX 2088 SANTA FE, NEW MEXICO 87501

Form C-104 Revised 10-01-78 Format 06-01-83 Page 1

Separate Forms C-104 must be filed for each pool in multiply completed wells.

REQUEST FOR ALLOWABLE AND

II. DESCRIPTION OF WELL AND LEASE Lease Name	PRORATION OFFICE	AUTHORIZATION TO TRANS	PORT OIL AND NATURAL GAS
Recison(s) for filing (Check proper box)	1.		
Respon(s) for filing (Check proper box)		nnanv	
Respection of filing (Check proper loss) New Well Respection Deepened Well Oil Change in Transporter of: Change in Ownership Change in Ownership give name and address of previous owner II. DESCRIPTION OF WELL AND LEASE Leese Name Elliott "B" A Drinkard R-78/2 State, Federal of Fee Federal Leose Name Unit Letter L: 3630 Feet From The North Line and 330 Feet From The West Line of Section 1, Lot 12 Township 21-5 Range 37E, NMPM, Lea County III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil (X) or Condensate P.O. Box 3105, Houston, TX 77001 Name of Authorized Transporter of Casinghead Gas (X) or Dry Gas Address (Give address to which approved copy of this form is to be sent) Getty 011 Company Recomplication of trans. It well produces oil or liquids, Unit Sec. Twp. Rec. It well produces oil or liquids, Unit Sec. Twp. Reg. It well produces oil or liquids, Unit Sec. Twp. Reg. It was production is commingled with that from any other lease or pool, give commingling order number: NOTE: Complete Parts IV and V on reverse side if necessary. VI. CERTIFICATE OF COMPLIANCE Interest years of the conformation given is true and complete to the best of part of the first o	<u></u>	inputty	
New Well Change in Transporter of: Oil Dry Gas Condensate	P.O. Box 1355,	Roswell, NM 8820	1
Recompletion Deepened Well OII Costingheed Gas Condensate Change of ownership Castingheed Gas Condensate	Reason(s) for filing (Check proper box)		Other (Please explain)
Change of ownership Castinghead Gas Condensate		Change in Transporter of:	
If change of ownership give name and address of previous owner II. DESCRIPTION OF WELL AND LEASE Lease Name Well No. Pool Name, Including Formation Prinkard R-78/2 Location Unit Letter L: 3630 Feet From The North Line and 330 Feet From The West Line of Section 1, Lot 12 Township 21-S Range 37E NMPM, Lea County III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Rame of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be sent) Shell 0il Company Name of Authorized Transporter of Casinghead Gas (X) or Dry Gas Address (Give address to which approved copy of this form is to be sent) For the well produces oil or liquide, Unit Sec. Twp. Rage. Is gas actually connected? When give location of tanks. If this production is commingled with that from any other lease or pool, give commingling order number: NOTE: Complete Parts IV and V on reverse side if necessary. VI. CERTIFICATE OF COMPLIANCE I hereby certify that the rules and regulations of the Oil Conservation Division have been compiled with and that the information given is true and complete to the best of Parts of the Information given is true and complete to the best of Parts of the Information given is true and complete to the best of Parts of the Information given is true and complete to the best of Parts of the Information given is true and complete to the best of Parts of the Information given is true and complete to the best of Parts of the Information given is true and complete to the best of Parts of the Information given is true and complete to the best of Parts of the Information given is true and complete to the best of Parts of the Information given is true and complete to the best of Parts of the Information given is true and complete to the best of Parts of the Information given is true and complete to the best of Parts of the Information given is true and complete to the best of Parts of the Information given is true and complete to the best of Parts of the Information give	Recompletion Deepened Well		ry Gas
II. DESCRIPTION OF WELL AND LEASE Lease Name	Change in Ownership	Castnghead Gas C	ondensate
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DISTRICT I SUPERVISOR	,		DISTRICT I SUPERVISOR
7 1 2/1/11	2 1 2 -/1 . 1		TITLE
This form is to be filed in compliance with RULE 1104.	1121111		This form is to be filed in compliance with RULE 1104.
If this is a request for allowable for a newly drilled or deepened			If this is a request for allowable for a newly drilled or deepens
(Signature) well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.	(Signature)	,	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.	Title)		able on new and recompleted wells.
Fill out only Sections I. II. and VI for changes of owner, well name or number, or transporter, or other such change of condition.	(Deca)		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

I	V.	C	JAWC	ETI	ON	DA	TA

		Gas Well	New Well	Workover	Deepen	Plug Bock	Same Restv.	Diff. Resty
Designate Type of Completion	n-(X)			, ! .	X			
Date Spudded	Date Compl. Ready to Proc	d.	Total Depth			P.B.T.D.	•	·
5/3/84 12/17/84			7,000'			6,975'		
Elevations (DF, RKB, RT, GR, esc.)	Name of Producing Format	ion	Top Otl/Gas	Pay		Tubing Dep	th	
75001 40 7533 01 7 1 1 1		600'						
Perforations						Depth Casir	ng Shoe	
See Below 7,000'		000'						
	TUBING, CA	SING, AND	CEMENTIN	G RECOR)			
HOLE SIZE	CASING & TUBING	SIZE		DEPTH SE	T	SA	CKS CEMEN	T
12 1/4"	8 5/8"		30	1291]	300 sks	
7 7/8"	5 1/2"		58	90'			500 sks	
4 3/4"	4" flush j	oint	70	00'			60 sks	<u>.</u>
	Top 5663' /1	iner				reverse	d out 2	from top

V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or excess top affect.

OIL WELL

OIL WILL					
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pur	Producing Method (Flow, pump, gcs lift, etc.)		
12/17/84	12/17/84	Swab test			
Length of Test	Tubing Pressure	Casing Pressure	Choke Size		
24 Hrs	0	0	1"		
Actual Prod. During Test	Oil-Bhis.	Water-Bbis.	Gas-MCF		
323 Bbls	71	252	TSTM		

GAS WELL

Actual Prod. Test+MCF/D	Length of Test	Bbis. Condensate/MMCF	Gravity of Condensate
Teeting Method (pitot, back pr.)	Tubing Pressure (Shut-is)	Coming Pressure (Shut-in)	Choke Size

	·		
Perforations:	6958'-6962'	l shot/ft	
	6950'-6954'	l shot/ft	RECEIVED
	6944'-6945'	l shot/ft	No to to the second
•	6938'-6941'	I shot∕ft	
	6932'-6936'	l shot/ft	JAN 101985
	6924'-6926'	l shot/ft .	
	6896'-6902'	l shot/ft	O.C.D.
•	6889'-6891'	l shot/ft	HOBBS OFFICE
	6786'-6788'	l shot/ft	_
	6770'-6771'	l shot/ft	RECEIVED
	6758'-6759'	l shot/ft	
	6736'-6744'	l shot/ft	JAN -4 1985
•	6714'-6718'	l shot/ft	IAN
	6664'-6668'	l shot/ft	
			HC Section 1
•			HC