Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico , Minerals and Natural Resources Department

Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Azzec, NM 87410

DISTRICT II P.O. Drawer DD, Artesia, NM 88210

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I.	7	TO TRA	NSP	ORT OIL	AND NA	TURAL GA							
Operator									Well API No.				
CAMPBELL & HEDR	ICK												
Address		. -		8080		,							
P. O. BOX 401,		TE)	AS	7970		et (Please expla		·					
Reason(s) for Filing (Check proper box New Well		Change in	Tonner	wter of		er (Flease expla	im)						
Recompletion	Oil	Cuange	Dry Ga										
Change in Operator	Casinghead	i Gas	Conde										
If change of operator give name	Canagasa						Cance	1 1	•	6 0			
and address of previous operator			 				iance		سا	and	<u>ula</u>		
II. DESCRIPTION OF WEL	L AND LEA	SE											
Lease Name									Kind of Lease				
WEATHERLY		1 TUBB				State			FEI FEI				
Location													
Unit Letter B	:330)	Feet Fr	rom The NC	ORTH Lim	and <u>1650</u>) [.] Fe	et From The	EA	ST	Line		
17	218	3	_	37E		, I	LEA				G		
Section Town	ship		Range		, N	MPM,					County		
III DESIGNATION OF TO	NCPADTE	R OF O	II. AN	D NATI	RAL GAS								
III. DESIGNATION OF TRANSPORTER OF OIL AND NATUR Name of Authorized Transporter of Oil or Condensate						Address (Give address to which approved copy of this form is to be sent)							
						BOX 688	••				21		
						copy of this I							
	Inc.				P. O.	BOX 300	TUI , TUI	JSA, OF	(LA.	/41	02		
If well produces oil or liquids,	Unit	Sec.	Twp.	Rge.	is gas actuali	y connected?	When						
give location of tanks.	В	17	21S		YE			19	51				
If this production is commingled with the	at from any oth	er lease or	pool, gi	ve commingl	ing order num	ber:							
IV. COMPLETION DATA		laum w			1	1	1 5	1 2 2 1	lo.	<u> </u>	·m n . L		
Designate Type of Completion	n - (X)	Oil Well	' '	Gas Well	New Well	Workover	Deepen	Plug Back	Same	kesv p	iff Res'v		
Date Spudded	Date Comp	X Ready to	Prod		Total Depth	I	I	P.B.T.D.	<u> </u>	l.	Λ		
Date Spanies	Date Comp	a. Rousy u	, , , , , , , , , , , , , , , , , , , ,					6550					
Elevations (DF, RKB, RT, GR, etc.)	Name of Pr	Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth				
3500GR		TUBBS				6289			6400				
Perforations									Depth Casing Shoe				
6289-6448 (61)	HOLES 0	40 d	ia.)										
	1	UBING.	CASI		CEMENTI	NG RECOR							
HOLE SIZE		CASING & TUBING SIZE				DEPTH SET				S CEMENT	<u> </u>		
121/4		10			282			200					
8 3/4		7 5/8			2759			1000					
6 5/8		51/2				6582			300				
V. TEST DATA AND REQU	EST FOR A	3/8 E	UE t	bg.	<u> </u>	6400		J					
V. TEST DATA AND REQU OIL WELL (Test must be afte	EXTERONORY OF 10	sauvotuma Kai valuma	of load	oil and muss	t be equal to or	exceed top allo	owable for the	is depth or be	for full	24 hours.)			
Date First New Oil Run To Tank	Date of Te		-,			ethod (Flow, pr			· •	<u> </u>			
3/4/89	1	3/5/89				FLOW							
Length of Test		Tubing Pressure			Casing Pressure			Choke Size					
24	14	140				525			24/64				
Actual Prod. During Test	Oil - Bbls.				Water - Bbls			Gas- MCF					
142	142				TRAC	CE		1	15				
GAS WELL													
Actual Prod. Test - MCF/D	Length of	Test			Bbis. Conde	sate/MMCF	····· ····	Gravity of	Conde	sate			
Testing Method (pitot, back pr.) Tubing Pressure (Shut-in)													
					Casing Pressure (Shut-in)			Choke Size					
					 								
VI. OPERATOR CERTIF				NCE	1 /		JSERV	ATION	עום	/ISION	1		
I hereby certify that the rules and re				_	1	OIL CON	YOLIN V	DALL	4 8	DROF	J j		
Division have been complied with a is true and complete to the best of a			ven abov	/e	11			MAK	1 6	, 1000	1		
is time and countries in die nest of 1	", Townsorke a	vuiti.			Date	Approve	ed						
1 thyl. In						•	ORIGINAL	SIGNED ET		RY SEXT	ON		
Simple							-	MICT I SU		_			
Signature O. F. HEDRICK,	JR.		PAR	TNER									
Printed Name 3/10/89		0.1	Title	84-439	Title		<u> </u>				<u> </u>		
Date (13 / 3) 3 5		10	lephone	1 4 0.	11								

- INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

 1) Request for all of the latest the filed or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.

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