

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-1-78

CO. OR OFFICE DESIGNED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.U.S.	
LAND OFFICE	
TRANSPORTER	
OPERATION	
PERMITS OFFICE	

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator	MINERALS, INC.		
Address	P.O. Box 1320, Hobbs, New Mexico, 88240		
Reason(s) for filing (Check proper box)	Other (Please explain) to correct lease number		
New Well ☐	Change in Transporter of:	Dry Gas ☐	
Recompletion ☐	Oil ☐	Condensate ☐	
Change in Ownership ☐	Casinghead Gas ☐		

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

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
Llano Federal	1	Sandhills Grayburg-San Andres	State, Federal or Fee Federal	NM-17252
Location				
Unit Letter	I	1650 Feet From The South	Line and 330	Feet From The East
Line of Section	31	Township 20 South	Range 39 East	NMPM, Lea

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐	Address (Give address to which approved copy of this form is to be sent)					
Southern Union Refining Company	P.O. Box 980, Hobbs, New Mexico 88240					
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐	Address (Give address to which approved copy of this form is to be sent)					
Getty Oil Company	P.O. Box 3000, Tulsa, Oklahoma 74102					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	I	31	20S	39E	Yes	6- -82

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

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well ☒	Gas Well ☐	New Well ☒	Workover ☐	Deepen ☐	Plug Back ☐	Same Res't. Diff. ☐
Date Spudded	Date Compl. Ready to Prod.		Total Depth		F.B.T.D.		
12-21-81	2-10-82		4435		4353		
Elevations (DF, RAB, RT, CR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth		
3561 GL, 3572 KB	San Andres		4332		4345		
Perforations	Depth Casing Shoe						
4332-4346-2 shots per foot + 1 at bottom = 29	4435						

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4	8-5/8" O.D.	1651	550 sx lite
7-7/8	5-1/2" O.D.	4435	300 sx Cl. "C"

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 - able 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.)	
3-11-82	3-12-82	Pump	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hours	- - -	Open	- - - -
Actual Prod. During Test	Oil - bbls.	water - bbls.	Gas - MCF
- - -	58	118	80

GAS WELL

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

CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.



VICE PRESIDENT-ENGINEERING

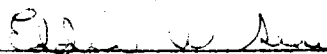
(Title)

9-13-82

(Date)

OIL CONSERVATION DIVISION

APPROVED SEP 17 1982, 19__

BY 

TITLE OIL & GAS INSPECTOR I

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deep 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 owner, well name or number, or transporter, or other such change of conditions.

Separate Form C-104 must be filed for each pool in multi-completed wells.