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LAND OFFICE		
TRANSPORTER OIL		
TRANSPORTER 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 1-1-65

Operator
MINERALS, INC.

Address
P. O. Box 1320, Hobbs, New Mexico, 88240

Reason(s) for filing (Check proper box)

New Well [X]
Recompletion [ ]
Change in Ownership [ ]

Change in Transporter of:
Oil [ ] Dry Gas [ ]
Casinghead Gas [ ] Condensate [ ]

Other (Please explain)
CASINGHEAD GAS MUST NOT BE FLARED AFTER 5/11/82 UNLESS AN EXCEPTION TO R-4070 IS OBTAINED from N.M.O.C.C.

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

THIS WELL HAS BEEN PLACED IN THE POOL DESIGNATED BELOW IF YOU DO NOT CONCUR 4-1-82

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 NM-17814 See Correction

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 County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil [X] 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	No	

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 Resv.	Diff. Resv.
	X		X					

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
12-21-81	2-10-82	4435	4353
Elevations (DF, RKB, RT, GR, 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" OD	1651	550 sx lite
7-7/8	5-1/2" OD	4435	300 sx Cl. "C"

TEST DATA AND REQUEST FOR ALLOWABLE (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)

OIL WELL

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 (pitot, 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 Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

(Signature)

VICE PRESIDENT-ENGINEERING
(Title)

3-17-82
(Date)

OIL CONSERVATION COMMISSION

APPROVED MAR 2 1982, 19____

BY ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I 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 for allowable 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 condition.

ORIGINAL

DEVIATION STATEMENT

OPERATOR: Minerals, Inc.

WELL NAME: Llano Federal #1

DATE	DEPTH	DEVIATION
12-22-81	501'	1/2 degree
12-22-81	1047'	3/4 degree
12-24-81	1650'	1 1/4 degrees
12-30-81	2079'	1 1/4 degrees
12-31-81	3051'	1 3/4 degrees
1-2-82	3561'	1 3/4 degrees
1-8-82	4073'	2 degrees

The information given above is true and complete to the best of my knowledge and belief.

BABER WELL SERVICING COMPANY

By: _____

STATE OF NEW MEXICO)
) ss
COUNTY OF LEA)

The foregoing instrument was acknowledged before me this ____ day of January 19__, by _____

_____
Notary Public

My commission expires _____ 19__