

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
Format 08-01-83
Page 1

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator Happy Oil Company	
Address P.O. Box 343, Artesia, New Mexico 88210	
Reason(s) for filing (Check proper box)	Other (Please explain)
<input checked="" type="checkbox"/> New Well <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Ownership	Change in Transporter of: <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate

If change of ownership give name and address of previous owner

NO OIL AND GAS MUST NOT BE
PRODUCED 2-1-87
UNLESS AN APPLICATION IS
IS OBTAINED

II. DESCRIPTION OF WELL AND LEASE

Lease Name Chilkat State 6	Well No. #1	Pool Name including Formation Wilson-Yates-Seven Riv.	Kind of Lease State, Federal or Fee State	Lease No. V-1902
Location Unit Letter <u>W</u> ; <u>330'</u> Feet From The <u>S</u> Line and <u>1650'</u> Feet From The <u>E</u> Line of Section <u>6</u> Township <u>21S</u> Range <u>35E</u> , NMPM, Lea 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 Services, Inc.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1558, Breckenridge, Texas 76024	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
If well produces oil or liquids, give location of tanks.	Unit W	Sec. 6
	Twp. 21S	Rge. 35E
Is gas actually connected?		When

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 complied with and that the information given is true and complete to the best of my knowledge and belief.

OIL CONSERVATION DIVISION

APPROVED DEC 5 1986, 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 only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.

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

Diana Klontz Production Clerk

(Title)

(Date)

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		X							
Date Spudded 8-20-86	Date Compl. Ready to Prod. 10-31-86		Total Depth 4000'		P.B.T.D. 3857'				
Elevations (DF, RKB, RT, CR, etc.) 8684 GR	Name of Producing Formation Wilson-Yates-Sevn Riv		Top Oil/Gas Pay Seven Riv		Tubing Depth 3775'				
Perforations 8935-42, 45-47, 53-55, 72-74, 77-79, 3864-66, 71-73, 3885-3850						Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
2-1/4	9-5/8 csg.		415'		1% 200 sx cl "c" 2% caci				
1-3/8	5-1/2		3988'		Circ. 30 sx 265 sx howco lite				
					100 C 2% cac Circ. 15 Sx.				
	2-7/8 tbq.		3775'						

V. 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)

Date First New Oil Run To Tanks 10-31-86	Date of Test 11-15-86	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hrs.	Tubing Pressure -0-	Casing Pressure -0-	Choke Size -0-
Actual Prod. During Test 80 bbls	Oil - Bbls. 10bbls	Water - Bbls. 70 bbls	Gas - MCF -0-

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

REC'D
NOV 1 1986
OFFICE