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

DISTRICT II
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DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator CAMPBELL & HEDRICK		Well API No. 30-025-10332
Address P. O. BOX 401, MIDLAND, TEXAS 79702		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
New Well <input type="checkbox"/>	Change in Transporter of:	
Recompletion <input checked="" type="checkbox"/>	Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>

If change of operator give name
and address of previous operator

THIS WELL HAS BEEN PLACED IN THE POOL
DESIGNATED BELOW. IF YOU DO NOT CONCUR
NOTIFY THIS OFFICE. R-10091
4/1/94

II. DESCRIPTION OF WELL AND LEASE

Lease Name CHRISTMAS	Well No. 1	Pool Name, Including Formation BLINEBRY Oil & Gas	Kind of Lease State, Federal or Fee	Lease No.
Location Unit Letter J : 1980 Feet From The SOUTH Line and 1980 Feet From The EAST Line Section 17 Township 22S Range 37E, NMPM, LEA County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil Texaco Trading & Transportation	or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) 16825 Northchase, Suite 800, Houston, Tx 77206	
Name of Authorized Transporter of Casinghead Gas Texaco	or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) P. O. BOX 3000, Tulsa, Okla 74102	
If well produces oil or liquids, give location of tanks.	Unit J	Sec. 17	Twp. 22S
		Rge. 37E	
Is gas actually connected? yes		When? 1960	

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

Not commingled

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well	Workover	Deepen	Plug Back <input checked="" type="checkbox"/>	Same Res'v	Diff Res'v <input checked="" type="checkbox"/>
Date Spudded Nov. 1945	Date Compl. Ready to Prod. 12/9/93		Total Depth 6684		P.B.T.D. 5761			
Elevations (DF, RKB, RT, GR, etc.) 3399RKB	Name of Producing Formation BLINEBRY		Top Oil/Gas Pay 5510		Tubing Depth 5470			
Perforations 5510, 5514, 5534, 5538, 5566, 5572, 5577, 5579, 5593, 5595, 5602, 5604, 5608, 5618, 5631, 5666, 5672, 5688, 5690, 5696, 5700, 5708, 5721, 5724, 5732, 5747					Depth Casing Shoe 6601			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE 17"	CASING & TUBING SIZE 13 3/8 40#		DEPTH SET 350		SACKS CEMENT 350			
12 1/2"	9 5/8 36#		2883		2200			
8 3/4"	7 23#		6601		450 +3% Gel			

V. 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 allowable for this depth or be for full 24 hours.)			
Date First New Oil Run To Tank 12/17/93	Date of Test 12/20/93	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hrs.	Tubing Pressure 45	Casing Pressure 45	Choke Size 2"
Actual Prod. During Test 42Bbl Oil	Oil - Bbls. 42	Water - Bbls. 100	Gas - MCF 112

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

VI. OPERATOR 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.

Signature *O. F. Hedrick*
O. F. HEDRICK, JR. PARTNER
Printed Name
12/21/93 915-684-4393
Date Telephone No.

OIL CONSERVATION DIVISION

JAN 03 1994

Date Approved

By *Paul Kauts*

Orig. Signed by
Paul Kauts
Geologist

Title

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

- 1) Request for allowable for newly drilled 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.