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

# State of New Mexico Energy, 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

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

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

Santa Fe, New Mexico 87504-2088
REQUEST FOR ALLOWABLE AND AUTHORIZATION

I	T	OTRA	NSP	ORT OIL	AND NA	TURAL GA			<i>2</i> .			
Operator CHARLES W. KEMP			- <u>-</u>				Well	API No.				
Address								<del></del>				
1701 E. Highland				Hobbs,	New Mexi							
Reason(s) for Filing (Check proper box)  New Well		Change in	Transm	norter of	∐ Oth	er (Piease expl	ain)					
Recompletion	Oii		Dry G									
Change in Operator	Casinghead	Gas XX	Conde	nsate								
If change of operator give name and address of previous operator												
II. DESCRIPTION OF WELL	AND LEA	SE										
Lease Name	<del></del>	Well No. Pool Name, Including Formation Kind of Lease								ease No.		
STEVENS B-15		3	L	anglie	Mattix 7	-Rvrs Qu	een 346,	Tederal In Tea	LC03	0556(ъ)		
Unit Letter N	, 6	60	Feet F	rom The S	outh Lin	e and 19	80 F	et From The	West	Line		
One pener : real from the state Line and state   real from the state Line												
Section 15 Township	, 23	5	Range	, 36E	, N	<b>мрм,</b> Lea	<u> </u>			County		
III. DESIGNATION OF TRAN				ND NATU								
Name of Authorized Transporter of Oil  Conoco Inc.	X	or Conden	sate		1	e address to wi						
Name of Authorized Transporter of Casing	head Gas	<u>X</u>	or Dry	y Gas	P.O. Box 1959 Midland, Texas 79702  Address (Give address to which approved copy of this form is to be sent)							
Phillips 66 Gas	Phillips 66 Gas					<u>enbrook</u>		a. Texas 79762				
If well produces oil or liquids, give location of tanks.	Unait    N	Sec. 15	Twp. 23	Rge.	Is gas actual!	y connected?	When	?		·		
If this production is commingled with that f	<del></del>				1	ber:	l					
IV. COMPLETION DATA												
Designate Type of Completion	· (X)	Oil Well	-	Gas Well	New Well	Workover	Deepen	Piug Back	Same Res'v	Diff Res'v		
Date Spudded	Date Compl. Ready to Prod.				Total Depth	L	<u> </u>	P.B.T.D.				
Elevations (DE PKR PT CP etc.)	Name of Pro	oducina Ec	matio		Top Oil/Gas	Pav	-					
Elevations (Dr., RRD, RI, OR, SIL.)	evations (DF, RKB, RT, GR, etc.)  Name of Producing Formation					,		Tubing Depth				
Perforations						Depth Casing Shoe						
		IDDIC	CACI	DIC AND	CENCENTE	NC DECOR	·D					
HOLE SIZE	TUBING, CASING AND CASING & TUBING SIZE				CEMENT	DEPTH SET	D	SACKS CEMENT				
				· · · · · · · · · · · · · · · · · · ·								
V. TEST DATA AND REQUES										,		
OIL WELL (Test must be after re	Date of Test		of load	oil and must		exceed top allow, pu	_ <del></del>		or full 24 hou	rs.)		
6-4-89	6-18-89				Pum		- 7.6					
Length of Test	Tubing Pres	<b>sure</b> 20#			Casing Press			Choke Size				
24 hrs Actual Prod. During Test	Oil - Bbls.	20#			Water - Bbis.			Gas- MCF				
7		7			7				10			
GAS WELL												
Actual Prod. Test - MCF/D	Length of T	est			Bbis. Conden	sate/MMCF		Gravity of Condensate				
Testing Method (pitot, back pr.)	Tubing Pres	sure (Shut	-in)		Casing Press	ire (Shut-in)		Choke Size				
VI. OPERATOR CERTIFICA	ATE OF	COMP	LIA	NCE		OIL CON	ICEDV	ATION I	טועופוכ	M		
I hereby certify that the rules and regula	tions of the C	Dil Conser	vation en aboy	/e		JIL CON	NOLI (V)					
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.					Date Approved SEP 1 9 1989							
(h) 11 /1/	$\mathcal{L}_{\mathcal{A}}$	m k	2/			• •		NIED DV 1EI	DOV CEVTO	\\!		
Signature	140	my			By_	OKIC		NED BY JE! <del>It i super</del> \		<i>-</i>		
CHARLES W. KEN	1P	'´ Op	erat	tor		<b>S</b>						
Printed Name 8-8-89	C!	505) 3	Title   92-5	5364	Title	440	·			<del>-,</del>		
Date			phone					<u></u>				

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.

Submit 5 Copies
Appropriate District Office
DISTRICT 1 P.O. Box 1980, Hobbs, NM 88240

State of New Mexico 3y, Minerals and Natural Resources Departme

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., Aztec, NM 87410

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

	REQ				BLE AND A						
I.		TO TRA	NSF	ORT OIL	_ AND NA	TURAL GA					
Operator							Well	API No.			
CHARLES W. KEMP											
Address											
1701 E. Highland	l Dr.			Hobbs,	NM 882	40					
Reason(s) for Filing (Check proper box)					Othe	er (Please expla	in)				
New Well		Change in	Transp	corter of:							
Recompletion	Oil		Dry C	ias 📙							
Change in Operator	Casinghe	ad Gas 🔲	Conde	ensate 🗌							
If change of operator give name	nogo T	n.c	D O	Por 4	<u> </u>	Uabba	MW 000	40			
and address of previous operator	noco I	nc.	P.0	. Box 4	.60	Hobbs,	NM 882	40			
II. DESCRIPTION OF WELL	AND LE	ASE									
Lease Name		Well No.	Pool I	Name, Includ	ing Formation		Kind	of Lease	L	ease No.	
STEVENS B-15		3			ites Gas			(Federal) or Fee	LC030	556(b)	
Location		·	L		<del></del>						
N		660	F 1	· · · · · · · · · · · · · · · · · · ·	South Line	198	0 -	et From The _	West	T in a	
Unit Letter	_ :		reel I	rom the	Line	and	. <u> </u>	set from the _	WC3C	Line	
Section 15 Township	p 23	_ C	Range	36-E	N.TA.	мРМ,	T 0.7			County	
Section 15 Townsin	<u> </u>	<u> </u>	Kank	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, , , , , , , , , , , , , , , , , , , ,	·····,	<u>Lea</u>			County	
III. DESIGNATION OF TRAN	SPORTE	ER OF O	T. AT	JD NATTI	RAT. GAS	$X_{\leftarrow}$	()				
Name of Authorized Transporter of Oil		or Conden				e address 10 wh	ich approved	copy of this fo	rm is to be s	ent)	
	Ш									•	
None Name of Authorized Transporter of Casing	head Gas		or Dr	y Gas	Address (Giv	e address to wh	ich approved	copy of this fo	rm is to he s	ent)	
-	g10 <b>2</b> 2 023	ل	01 21	, 👊	Acades (O.A	e add ess to with	ши ирргоней	copy of mas jo	7711 25 10 00 31	,	
If well produces oil or liquids,	Unit	Sec.	Twp.	P.op	Is gas actually	v connected?	When	7			
give location of tanks.	1 Omt	30   	lrwβ. I	Rge.	is gas actually	y comeacu:	I AME	:			
<u> </u>	· · · · · · · · · · · · · · · · · · ·				LNo		1				
If this production is commingled with that if IV. COMPLETION DATA	from any ou	ner lease or j	роон, g	ive comming	ling order numi	жг:		<del></del>			
IV. COMPLETION DATA		1			1	r	·	1			
Designate Type of Completion	. (X)	Oil Well	ļ	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
	<del> </del>		<u>. l</u>		Total Doorb		L	I,l			
Date Spudded	Date Com	pl. Ready to	Proa.		Total Depth			P.B.T.D.			
	ļ				3,6,9,5, X Top Oil/Gas 1						
Elevations (DF, RKB, RT, GR, etc.)	Name of I	Producing Fo	rmatio	a	Top Oil/Oas I	ray		Tubing Depth			
	dates_G	as			3040'						
Perforations								Depth Casing	3 Shoe		
								<u> </u>			
		TUBING,	CAS	<u>ING AND</u>	CEMENTI	NG RECOR	<u>D</u>				
HOLE SIZE	CA	SING & TU	BING	SIZE	DEPTH SET			SACKS CEMENT			
17"	11-3/4	4"			334'			300			
10-5/8"	4-1/	2 !!			3694'			720			
	2-7/8		ing		349	991		11			
	2-3/8		ing		36	49'					
V. TEST DATA AND REQUES	T FOR A	ALLOWA	BLE	:							
OIL WELL (Test must be after re					be equal to or	exceed top allo	wable for thi	s depih or be fo	or full 24 hou	vs.)	
Date First New Oil Run To Tank	Date of Te					thod (Flow, pu					
							, , ,		•		
Length of Test	Tuhing Pn	ubing Pressure				ıre		Choke Size			
Deligat of Tox	1 doing 11										
Actual Prod. During Test	Oil - Bbls.				Water - Bbls.			Gas- MCF			
Actual Flot. During Test	Oil - Bois.	•									
	<u> </u>							<u></u>			
GAS WELL											
Actual Prod. Test - MCF/D	Length of	Test		•	Bbls. Conden	sate/MMCF		Gravity of C	ondensate		
Testing Method (pitot, back pr.)	Tubing Pr	essure (Shut-	in)		Casing Press.	ire (Shut-in)		Choke Size			
								J			
VI. OPERATOR CERTIFIC	ATE OF	COMP	ΤΤΔΊ	NCF							
				IVCL	(	DIL CON	ISERV	I NOITA	DIVISIO	NC NC	
I hereby certify that the rules and regular Division have been complied with and				/e							
is true and complete to the best of my h	mowledge a	nd belief.		-		1	اد	FEB 2	7 1989		
12/1 0 00	٠, ' '	/			Date	Approve	a		//	<del></del>	
(Shallow) THI	for.	N			li	( /		Krl.			
simula VV. X	Mil,	1/			By_	1 J. J.	1. 5 - 1 - 1.	11/1/	<del></del>		
Signature CHARLES W. KI	EMP	0.	pera	tor	$\parallel$ $Z$	/	2,	07 1 011	ם בייווכ	OR	
Printed Name	1171		Title		Title		DISTRI	ĆT 1 SU	רבתאוס	UI V	

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.

(505)392-5364 Telephone No.

3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.

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

## **OIL CONSERVATION DIVISION**

P.O. Box 2088

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410	REQUEST F		BLE AND	AUTHORIZ								
I. Operator	TO TRA	ANSPORT OI	L AND NA	TURAL GA		API No.						
CHARLES W. KEMP					Wen	M 1110.						
Address 1701 E. Highland	d Dr.	Hobbs	, NM 882	40								
Reason(s) for Filing (Check proper box)				er (Please explai	n)							
New Weli	Change in	Transporter of:										
Recompletion	Oil 📙	Dry Gas 🗀										
Change in Operator 英	Casinghead Gas	Condensate										
and address of previous operator	onoco Inc.	P.O. Box 4	160	Hobbs, N	IM 882	40						
II. DESCRIPTION OF WELL		D-151 1-1-1	t Ft		TV:- 4	-£1	1	N.				
Lease Name STEVENS B-15	3	Pool Name, Include Langlie Ma	-	Ryrs Oneen		of Leage Federal or Fee	LC0305	sse Na 556 (h )				
Location		20119220 110	ACCIA / I	(VID QUISC.	<u>*                                      </u>		LEGGGG	750(1)				
Unit Letter N	:660	Feet From The	South Line	and1980	) Fe	et From The W	est	Line				
Section 15 Townshi	p 23-S	Range 36-E	, NI		.ea			County				
III. DESIGNATION OF TRAN	SPORTER OF O	IL AND NATU	RAL GAS									
Name of Authorized Transporter of Oil None	or Conder			e address to whi	ch approved	copy of this form	n is to be sen	1)				
Name of Authorized Transporter of Casing	ghead Gas	or Dry Gas	Address (Give	e address to whi	ch approved	copy of this form	n is to be sen	1)				
None If well produces oil or liquids,	None						When ?					
give location of tanks.	<u> </u>	<u> </u>	No		1							
If this production is commingled with that IV. COMPLETION DATA	from any other lease or	pool, give comming	ling order numb	er:								
Designate Type of Completion	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back Sa	me Res'v	Diff Res'v				
	Date Compl. Ready to	Dend	Total Depth			P.B.T.D.		<u>L</u>				
Date Spudded	Date Compt. Ready it	riou.	3695			P.B.1.D.						
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Fo	ormation	Top Oil/Gas F	Pay		Tubing Depth						
3388 GR	7 Rvrs.		3275'			January Salan						
Perforations				Depth Casing Shoe								
	TIDDIC	CACINIC AND	CENCATE	IC DECORE								
HOLE SIZE	CASING & TU	CASING AND	<del></del>	DEPTH SET	<u>,                                    </u>	SAI	CKS CEME	NT				
17"	11-3/4"	DBING SIZE	+	34'		300						
10-5/8"			1	94'		720						
	4-1/2" 2-7 <b>/</b> 8" Cas	ing	349			720						
	<del>+</del>	oing	<del></del>	19'	<del></del>							
V. TEST DATA AND REQUES	T FOR ALLOW	ABLE										
OIL WELL (Test must be after re	ecovery of total volume	of load oil and musi					full 24 hours	·.)				
Date First New Oil Run To Tank	Date of Test		Producing Me	thod (Flow, pum	ıp, gas lift, e	tc.)						
Length of Test	Tubing Pressure		Casing Pressu	re		Choke Size						
Actual Prod. During Test	Oil - Bbls.		Water - Bbls.			Gas- MCF						
GAS WELL			1			<del>1</del>						
Actual Prod. Test - MCF/D	Length of Test		Bbls. Condens	sate/MMCF		Gravity of Condensate						
Testing Method (pitot, back pr.)	Tubing Pressure (Shut	-i <b>n</b> )	Casing Pressure (Shut-in)			Choke Size						
THE OPER A MODE CONTRACTOR	AME OF CO.	W I A BYOTE				1						
VI. OPERATOR CERTIFIC				DIL CON!	SERV	ATION D	IVISIO	N				
I hereby certify that the rules and regular Division have been complied with and	OIL CONSERVATION DIVISION FEB 2 7 1989											
is true and complete to the best of my li	mat the information given mowledge and belief.	en above	<b>1</b>	<b>A</b>		LER (	2 7 198	39				
			Date	Approved		-		-				
( Garles 11)=	Kenell			_	20101111	<b>A</b>						
Signature		By ORIGINAL SIGNED BY JERRY SEXTON										
CHARLES W. KI	EMP O	perator			Dis	STRICT I SUP	ERVISOR					
Printed Name 2-Z1-89	/E0E1	Title 392-5364	Title	·	<u></u>							
Date		phone No.										
		_										

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

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