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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

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

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

I.

Operator Pro-Gas Operating, Inc.	Well API No. 30-025-12143
Address P.O. Box 10888 - 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	

II. DESCRIPTION OF WELL AND LEASE

Lease Name W.L. Nix	Well No. 1	Pool Name, Including Formation Paddock (Glorieta)	Kind of Lease State, Federal or Fee	Lease No. 163543
Location Unit Letter C : 660 Feet From The North Line and 1650 Feet From The West Line Section 20 Township 22S Range 38E, NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil Texas N.M. Pipeline Co. (0055-1466)	<input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) P.O. Box 2528-Hobbs, NM 88240				
Name of Authorized Transporter of Casinghead Gas Texaco Producing Inc.	<input type="checkbox"/> 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, Ok. 74102				
If well produces oil or liquids, give location of tanks.	Unit C	Sec. 20	Twp. 22S	Rge. 38E	Is gas actually connected? Yes	When? 2/17/60
If this production is commingled with that from any other lease or pool, give commingling order number: CTB-143						

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	Date Compl. Ready to Prod. 11/17/91		Total Depth 5400'		P.B.T.D. 5302'			
Elevations (DF, RKB, RT, GR, etc.) 3380 RKB	Name of Producing Formation Paddock (Glorieta)		Top Oil/Gas Pay 5283		Tubing Depth 5362'			
Perforations 5283-5289 5294-5302					Depth Casing Shoe 7000'			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE 7 7/8	CASING & TUBING SIZE 5 1/2" 2 3/8"		DEPTH SET 5362		SACKS CEMENT 2,000 gal.acid			

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 11/26/91	Date of Test 11/25/91	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hrs.	Tubing Pressure 30#	Casing Pressure 30#	Choke Size 2" WO
Actual Prod. During Test 20 bbls.	Oil - Bbls. 14	Water - Bbls. 10	Gas- MCF 21.0

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

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
Hunter Midkiff
Printed Name
4/7/92
Date
Co-Owner/Operator
(915) 697-9567
Telephone No.

OIL CONSERVATION DIVISION

Date Approved APR 17 '92

By

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.