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TRANSPORTER	OIL	
	GAS	
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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-110
Effective 1-1-65

Operator SUMMIT ENERGY, INC.	
Address 112 N. First, Artesia, New Mexico 88210	
Reason(s) for filing (Check proper box)	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 Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Dry Gas Transporter	

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name Gulf Drinkard	Well No. 1	Pool Name, Including Formation Drinkard Gas	Kind of Lease State, Federal or Fee Fee	Lease No.
Location Unit Letter M ; 660 Feet From The South Line and 660 Feet From The West Line of Section 30 Township 22S Range 38E , 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"/>	Address (Give address to which approved copy of this form is to be sent)					
Texas-New Mex. Pipeline Co.	Eunice, New Mexico					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Northern Natural Gas Company	Midland, Texas 79701					
If well produces oil or liquids, give location of tanks.	Unit L	Sec. 30	Twp. 22S	Rge. 38E	Is gas actually connected? yes	When 1-13-76

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

V. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'tv.	Diff. Res'tv.
		X		X		X		X
Date Recompleted June 13, 1975	Date Compl. Ready to Prod. June 25, 1975		Total Depth 7024		P.B.T.D. 6550			
Elevations (DF, RKB, RT, GR, etc.) 3331.6 GR	Name of Producing Formation Upper Drinkard		Top Oil/Gas Pay 6230		Tubing Depth 5990			
Perforations 6262-6477					Depth Casing Shoe 7024			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17 1/2	13 3/8		208		200			
12 1/4	8 5/8		2819		1213			
7 7/8	5 1/2		7024		500			

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 Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D 1330	Length of Test 24	Bbls. Condensate/MMCF 19	Gravity of Condensate 44
Testing Method (pitot, back pr.) Orifice Well Tester	Tubing Pressure (Shut-in) 1260	Casing Pressure (Shut-in) 510	Choke Size 20/64

VI. 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)
Division Engineer
(Title)
1/15/76
(Date)

OIL CONSERVATION COMMISSION

APPROVED **JAN 19 1976**, 19____
BY **Larry S. [Signature]**
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.