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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

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

1. Operator Summit Energy, Inc.	
Address 112 North 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"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>
	Dry Gas <input type="checkbox"/>
	Condensate <input type="checkbox"/>

If change of ownership give name  
and address of previous owner

I. DESCRIPTION OF WELL AND LEASE

Lease Name Drinkard B	Well No. 2	Pool Name, including Formation S. E. Drinkard / Tabb	Kind of Lease State, Federal or Fee	Lease No. --
Location Unit Letter L 1980 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"/> and/or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
Texas N.M. Pipeline Company	Eunice, N.M., Midland, Texas	
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)	
El Paso Natural Gas Co.	Jan, N.M. or El Paso, N.M.	
If well produces oil or liquids, give location of tanks.	Unit L	Sec. 30
	Twp. 22S	Rge. 38E
	Is gas actually connected? When yes 1954	

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

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		X				X
Date Spudded August, 1952	Date Compl. Ready to Prod. 1954	Total Depth 6954		P.B.T.D. 6650				
Elevations (DF, RKB, RT, GR, etc.) 3332 GR	Name of Producing Formation Upper Drinkard		Top Oil/Gas Pay 6246		Tubing Depth 6210			
Perforations				Depth Casing Shoe				
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17 1/4	13 3/8		350		Circulated (250)			
8 1/2	7		5407		200 sx.			
6 1/4	5 1/2		6755		100 sx.			

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	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
1700	24	14	44
Testing Method (pilot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size
Meter Run	1640	-0- (Packer)	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)  
June 18, 1975  
(Date)

OIL CONSERVATION COMMISSION  
APPROVED  
BY  
TITLE  
Orig. Signed By  
John Remy  
Geologist

This form is to be filed in compliance with RULE 1104.  
If this is a request for allowable for 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