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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

Operator Bruce A. Wilbanks	
Address Box 763, Midland, Texas 79701	
Reason(s) for filing (Check proper box)	
New Well <input type="checkbox"/>	Change In Transporter of:
Recompletion <input 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"/>
Other (Please explain) For designation of transporter for Drinkard oil. Drinkard zone was completed by Joe N. Champlin on 10/16/68 & shut in	

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

DESCRIPTION OF WELL AND LEASE

Lease Name Baker	Well No. 2	Pool Name, including Formation Drinkard	Kind of Lease State, Federal or Fee Fee	Lease No.
Location				
Unit Letter A ; 330' Feet From The North Line and 350' Feet From The East				
Line of Section 26 Township 22-S Range 37-E , NMPM, Lea County				

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 Mexico Pipeline	P.O. Box 1510, Midland, Texas 79701
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 Co.	Box 308 Omaha, Nebraska 68101
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
	A 26 22S 37E Yes 8/15/74

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

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well <input checked="" type="checkbox"/>	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 8/12/68	Date Compl. Ready to Prod. 8/20/68	Total Depth 7673'	P.B.T.D. 7352'					
Elevations (DF, RKB, RT, GR, etc.) 3325 KB	Name of Producing Formation Drinkard	Top Oil/Gas Pay 6306'	Tubing Depth 7335'					
Perforations 6306-6418' 16 holes			Depth Casing Shoe 7754'					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
12 1/2"	8 5/8"	1131'	775					
7 7/8"	5 1/2"	7754'	650					
	2 3/8"	7335'						

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 3-19-76	Date of Test 3-19-76	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 24 hours	Tubing Pressure 105	Casing Pressure 0	Choke Size 48/64
Actual Prod. During Test	Oil - Bbls. 5	Water - Bbls. 0	Gas - MCF 364

GAS WELL

Actual Prod. Test - MCF/D 694	Length of Test 24	Bbls. Condensate/MMCF 3	Gravity of Condensate 43
Testing Method (pitot, back pr.) Orifice well tester	Tubing Pressure (Shut-in) 865	Casing Pressure (Shut-in) 1210	Choke Size 32/64

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.

Leigh M. Curbish
(Signature)
Office Manager
(Title)
11/29/76
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____
BY James L. Smith
TITLE SUPERVISOR DISTRICT

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.

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