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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 S & D Partnership		
Address Drawer 309, Hobbs, New Mexico 88240		
Reason(s) for filing (Check proper box)		Other (Please explain)
New Well <input checked="" type="checkbox"/>	Change in Transporter of:	CASINGHEAD GAS MUST NOT BE PLACED AFTER 4/1/79 UNLESS AN EXCEPTION TO R-4070 IS OBTAINED.
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"/>	

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name Drinkard Homestead	Well No. 1	Pool Name, Including Formation Wantz Granite Wash	Kind of Lease State, Federal or Fee Fee	Lease No.
Location Unit Letter C ; 660 Feet From The North Line and 2310 Feet From The West Line of Section 25 Township 22 S Range 37 E , 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"/> Navajo Crude Oil	Address (Give address to which approved copy of this form is to be sent) 501 E. Main, Artesia, New Mexico 88210	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
If well produces oil or liquids, give location of tanks.	Unit C	Sec. 25
	Twp. 22	Rge. 37
	Is gas actually connected? No When	

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 <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 12-12-78	Date Compl. Ready to Prod. 1-28-79		Total Depth 7817		P.B.T.D. 7802			
Elevations (DF, RKB, RT, GR, etc.) 3304.5 GL	Name of Producing Formation Wantz Granite Wash		Top Oil/Gas Pay 7486		Tubing Depth			
Perforations 7486-7775					Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4	9 5/8		1120		350 Hal Lite-200 CLC			
8 3/4	7		4396		600 Hal Lite-550 CLC			
6 1/4	4 1/2		7817		300 Hal Lite-450 CLC			

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)

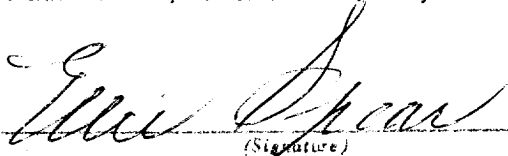
Date First New Oil Run To Tanks 1-28-79	Date of Test 2-15-79	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 hr	Tubing Pressure 213.2	Casing Pressure	Choke Size 18/64
Actual Prod. During Test 84	Oil-Bbls. 69	Water-Bbls. 15	Gas-MCF 587.2

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. 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)

Partner

(Title)

2-20-79

(Date)

OIL CONSERVATION COMMISSION

FEB 21 1979

APPROVED

19

BY

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.