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U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRODUCTION 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-1  
Effective 1-1-65

Operator Natomas North America, Inc.	
Address 1000 First Place, Tulsa, Oklahoma 74103	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" 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"/>

If change of ownership give name  
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lessee Name State "23"	Well No. 2	Pool Name, Including Formation Antelope Ridge Atoka R-6274	Kind of Lease State, Federal or Fee State	Lease No. LG-1208
Location Unit Letter F ; 1980 Feet From The North Line and 1980 Feet From The West Line of Section 23 Township 23 South Range 34 East , NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> Summit Transportation	Address (Give address to which approved copy of this form is to be sent) 340 North Belt, Suite 234, Houston, TX 77060
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> Gas Company of New Mexico	Address (Give address to which approved copy of this form is to be sent) 1800 First International Bldg., Dallas, TX 752
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When F 23 23S 34E No Est. November 5, 1979

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					
Date Spudded 6/20/79	Date Compl. Ready to Prod. Nov. 5, 1979	Total Depth 13,600'	P.B.T.D. 13,483'					
Elevations (DF, RKB, RT, GR, etc.) 3389.1 GR	Name of Producing Formation Atoka	Top Oil/Gas Pay 12,033'	Tubing Depth 11,250'					
Perforations 12,033'-12,052' & 12,796'-12,802' - 25' & 50 holes			Depth Casing Shoe 13,598'					

TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
36"	30"	40'	5 yards
26"	20"	682'	925 sx HLC & 400 sx CLC
12 1/2"	13 3/8"	5090'	2775 sx HLC & 550 sx CL
12 1/4"	9 5/8"	11900'	325 sx HLC & 320 sx CLH
8 1/2"	7 5/8"	11312'-12,680'	165 sx CLH
6 1/2"	5"	12,402-13,598'	275 sx CLH
	2 7/8" cbs	11250'	

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 12,033'-12,052' 4100MCF 12,796'-12,802' 4377MCF	Length of Test 9 hrs 8/27/79 8 hrs 10/28/79	Bbls. Condensate/MMCF 93.65 93.21	Gravity of Condensate 528 558
Testing Method (pilot, back pr.) DST, Back Pressure	Tubing Pressure (shut-in) 7200 psi (6 hrs) 6650 psi (6 hrs)	Casing Pressure (shut-in) ---- ----	Choke Size 10/64" 12/64"

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.

Julian C. Pope  
(Signature)  
Administrative Coordinator  
(Title)  
November 1, 1979  
(Date)

OIL CONSERVATION COMMISSION

APPROVED MAR 3 1980, 19  
BY Orig. Signed by  
Les Clements  
TITLE Oil & Gas Insp.

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 deviate 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 multiple completed wells.

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O.C.D. HOBBS, OFFICE