

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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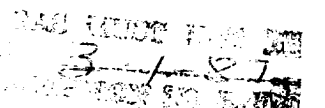
OIL CONSERVATION DIVISION

P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

Form C-104  
Revised 10-01-78  
Format 06-01-83  
Page 1

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator Marshall & Winston, Inc.		
Address 310 West-#10 Desta Dr., Midland, TX 79705		
Reason(s) for filing (Check proper box)		Other (Please explain)
<input type="checkbox"/> New Well	Change in Transporter of:	
<input checked="" type="checkbox"/> Re-Entry	<input type="checkbox"/> Oil	
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas	
	<input type="checkbox"/> Dry Gas	
	<input type="checkbox"/> Condensate	

If change of ownership of this well has been previously reported, designate below, if you do not concur, the address of previous owner.

NOTIFY THIS OFFICE.

II. DESCRIPTION OF WELL AND LEASE

Lease Name State "IG"	Well No. 1	Pool Name, Including Formation South Sand Run B.S. Wildcat	Kind of Lease State, Federal or Fee	Lease No. V-1811
Location Unit Letter <u>B</u> : <u>660</u> Feet From The <u>North</u> Line and <u>1980</u> Feet From The <u>East</u> Line of Section <u>32</u> Township <u>23-S</u> Range <u>32-E</u> 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)	
Koch Service, Inc.	P.O. Box 1553, Breckenridge, TX 76024	
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)	
None		
If well produces oil or liquids, give location of tanks.	Unit D	Sec. 32
	Twp. 23S	Rge. 32E
	Is gas actually connected?	When
	No	Unknown

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

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given is true and complete to the best of my knowledge and belief.

Tom M. Brandt  
(Signature)  
Engineer  
(Title)  
1-15-87  
(Date)

OIL CONSERVATION DIVISION

APPROVED JAN 19 1987, 19  
BY ORIGINAL SIGNED BY JERRY SEXTON  
DISTRICT SUPERVISOR  
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.

#### IV. COMPLETION DATA

#### RE-ENTRY

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 Re-entry 11-19-86	Date Compl. Ready to Prod. 12-10-86		Total Depth 15,920'				P.B.T.D. 10,000'		
Elevations (DF, RKB, RT, GR, etc.), 3664' FR	Name of Producing Formation Bone Springs		Top Oil/Gas Pay 9800'				Tubing Depth 9530'		
Perforations 9800-9816' & 9824-36'							Depth Casing Shoe 15,920'		

#### TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SA CKS CEMENT
20"	16"	705'	750
14 3/4"	10 3/4"	4740'	3160
9 1/2"	7 5/8"	12060'	1975
6 1/2"	4 1/2"	15920'	550

#### V. TEST DATA AND REQUEST FOR ALLOWABLE (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 12/13/86	Date of Test 1/14/87	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hrs.	Tubing Pressure 50	Casing Pressure 20	Choke Size -
Actual Prod. During Test	Oil - Bbls. 56	Water - Bbls. 48	Gas - MCF 43 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

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