

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes C-103
Effective 1-1-65

DISTRIBUTION		
DATE		
FILE		
S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRODUCTION OFFICE		

I. Operator
HAPPY OIL CO.

Address
BOX 343 ARTESIA, NEW MEXICO 88210

Reason(s) for filing (Check proper box)

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"/>

Other (Please explain)
APPROVED FOR TRANSPORT FROM THIS WELL BY THE BUREAU OF LAND MANAGEMENT (BLM)

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name Triste Draw Fed.	Well No. 1	Pool Name, Including Formation Diamondtail--Bone Springs	Kind of Lease State, Federal or Fee Fed.	Lease No. NM19620
Location Unit Letter N ; 660' Feet From The South Line and 1980' Feet From The West Line of Section 11 Township 23S Range 32E , NMFM, 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"/> Koch Oil Company	Address (Give address to which approved copy of this form is to be sent) P.O. Box 2239, Wichita, Kansas 67201	
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 N	Sec. 11
	Twp. 23S	Rge. 32E
	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 <input type="checkbox"/>	New Well <input type="checkbox"/>	Workover <input checked="" type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded 10-30-86	Date Compl. Ready to Prod. 1-1-87		Total Depth 15,950		P.B.T.D. 11,900			
Elevations (DF, RKB, RT, GR, etc.) 3728' GR	Name of Producing Formation Bone Springs		Top Oil/Gas Pay Bone Springs-9347'		Tubing Depth 10300			
Perforations 9347-10048 w/ 59 .38 holes					Depth Casing Shoe 12650			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE NO NEW CASING SET.	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

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)

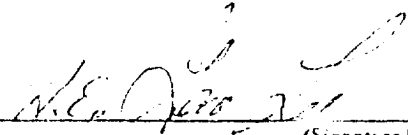
Date First New Oil Run To Tanks 1-2-87	Date of Test 1-2-87	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hours	Tubing Pressure -0-	Casing Pressure 40#	Choke Size -0-
Actual Prod. During Test	Oil-Bbls. 208	Water-Bbls. 137	Gas-MCF 291

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

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.


AGENT
1-6-87
(Title)
(Date)

OIL CONSERVATION COMMISSION

APPROVED **JAN 9 1987**, 19
BY **ORIGINAL SIGNED BY JERRY SEXTON**
DISTRICT 1 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 Form C-104 must be filed for each well in compliance with RULE 1104.