

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

OIL CONSERVATION DIVISION

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

Form C-104
Revised 10-01-78
Format 08-01-83
Page 1

NO. OF COPIES RECEIVED		
DISTRIBUTION		
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRODUCTION OFFICE		

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. OPERATOR

ZACHARY OIL OPERATING COMPANY

Address
P. O. BOX 1969, EUNICE, NEW MEXICO 88231

Reason(s) for filing (Check proper box)

☒ New Well
☐ Recompletion
☐ Change in Ownership

Change in Transporter of:

☐ Oil
☐ Gas
☐ Condensate

Other (Please explain)
**CASINGHEAD GAS MUST NOT BE
FLARED AFTER 2-5-82
UNLESS AN EXCEPTION TO R-470
IS OBTAINED.**

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name HINTON	Well No. 6	Pool Name, including Formation WANTZ GRANITE WASH	Kind of Lease State, Federal or Fee FEE	Lease No.
Location Unit Letter P Foot From The 600 EAST Line and 350				
Line of Section 12	Township 22S	Range 37E	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"/> PHILLIPS PETROLEUM COMPANY	Address (Give address to which approved copy of this form is to be sent) 4001 PENBROOKE, ODESSA, TEXAS 79762
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> TEXACO, INC.	Address (Give address to which approved copy of this form is to be sent) P. O. BOX 1650, TULSA, OKLAHOMA 74102
If well produces oil or liquids, give location of tanks. Unit P Sec. 12 Twp. 22S Rge. 37E	Is gas actually connected? NO When

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.

Ray W. Pierce
(Signature)
PROD. SUPT.
(Title)
12-8-87
(Date)

OIL CONSERVATION DIVISION
DEC 21 1987
APPROVED _____, 19_____
BY ORIGINAL SIGNED BY MARY SEXTON
DISTRICT ENGINEER

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

Designate Type of Completion - (X)		Oil Well X	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 11-2-87	Date Compl. Ready to Prod. 12-5-87		Total Depth 7586'		P.B.T.D. 7556'				
Elevations (DF, RKB, RT, GR, etc.) 3333.4 GR	Name of Producing Formation GRANITE WASH		Top Oil/Gas Pay 7397'		Tubing Depth 7356'				
Perforations 7397' to 7548' - 36 holes						Depth Casing Shoe 7586'			
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE 12 1/4"	CASING & TUBING SIZE 8 5/8"		DEPTH SET 12 1/4"		SACKS CEMENT 780sx-2% C.C.				
7 7/8"	2 7/8"		7586'		9 5/8 sx POZ 7 7/8 790				
	2-7/8" tubing		7356'		sx Pacesetter light				
					200sx neat				

V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of initial volume of fluid cut and must be equal to or exceed test allowable for this depth or be for full 24 hours)

Date From New Oil Run To Tanks 12-5-87	Date of Test 12-7-87	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 2 1/2 hrs	Tubing Pressure 175#	Casing Pressure 0	Choke Size 16/64
Actual Prod. - Bbls 189 BBLs	Oil-Bbls. 187	Water-Bbls. 2 BBLs	Gas-MCF Acid Water 197

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

RECEIVED

DEC 18 1987

OFFICE
OF THE
COMMISSIONER