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TRANSPORTER	OIL	
	GAS	
OPERATOR		
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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

I.

Operator Wilbanks and Rasmussen	
Address 330 Petroleum Life Building, Midland, Texas	
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"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Other (Please explain) This is a re-entry and re-completion of an old well - formerly owned by Gulf Oil Corporation.	

If change of ownership give name and address of previous owner

Gulf Oil Corporation, Roswell, New Mexico

II. DESCRIPTION OF WELL AND LEASE

Lease Name Janda	Well No. Pool Name, Including Formation 1 Langlie Mattix, Queen	Kind of Lease State, Federal or Fee State	Lease No. 27180
Location			
Unit Letter G	1980 Feet From The North Line and 1980 Feet From The East		
Line of Section 24	Township 23	Range 36	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"/> Permian Corporation	Address (Give address to which approved copy of this form is to be sent) West Wall Street, Midland, Texas	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Warren Petroleum Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1589, Tulsa, Okla.	
If well produces oil or liquids, give location of tanks.	Unit G Sec. 24 Twp. 23 Rge. 36	Is gas actually connected? No When Approx. 4-5-67

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)	<input checked="" type="checkbox"/> Oil Well	<input type="checkbox"/> Gas Well	<input type="checkbox"/> New Well	<input checked="" type="checkbox"/> Workover	<input type="checkbox"/> Deepen	<input checked="" type="checkbox"/> Plug Back	<input checked="" type="checkbox"/> Same Rest'v.	<input type="checkbox"/> Diff. Rest'v.
Date Spudded 2-8-67	Date Compl. Ready to Prod. 2-18-67		Total Depth 3640		P.B.T.D. 3482			
Elevations (DF, RKB, RT, GR, etc.) RKB 3348	Name of Producing Formation Queen		Top Oil/Gas Pay 3397		Tubing Depth 3350			
Perforations 2 17 - 3 11 -					Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-1/2	8-5/8		397		325			
7-7/8	4-1/2		3640		400			
	2-3/8		3350		Packer			

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 2-15-67	Date of Test 3-15-67	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 24 hrs.	Tubing Pressure 100 psi	Casing Pressure zero-packer	Choke Size 32/64
Actual Prod. During Test	Oil-Bbls. 6.52	Water-Bbls. -0-	Gas-MCF 592

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, 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)

Agent

(Title)

March 30, 1967

(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____

BY _____

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.