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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-110
Effective 1-1-65

I. Operator CAMPBELL & HEDRICK

Address Box 401 Midland Tx 79702

Reason(s) for filing (Check proper box)

New Well	<input type="checkbox"/>	Change in Transporter of:		Other (Please explain)	
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"/>

6-1-77

If change of ownership give name and address of previous owner THIS WELL HAS BEEN PLACED IN THE POOL
DECEASED AS OWNED BY YOU SO NOT CONCERN

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
<u>General Elliott</u>	<u>Feb 1</u>	<u>Blindly Undersaturated Tubb</u>	State, Federal or Fee <u>Fed</u>	<u>10003564</u>
Location				
Unit Letter	<u>G</u>	<u>1980</u> Feet From The <u>North</u> Line and <u>1980'</u> Feet From The <u>East</u>		
Line of Section	<u>6</u>	Township <u>23S</u>	Range <u>38E</u>	County <u>Lea</u>

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)
<u>Texas Mexico Pipe Line</u>	<u>221 N Colorado Midland Tx 79701</u>
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>Western Petroleum</u>	<u>Edinburg, N. Mexico 78231</u>
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rce. Is gas actually connected? When
	<u>F</u> <u>6</u> <u>23S</u> <u>38E</u> <u>no</u> <u>waiting on contract</u>

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
<u>X</u>	<u>X</u>			<u>X</u>	<u>X</u>			<u>X</u>
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
<u>Feb 7, 1977</u>	<u>Feb 23, 1977</u>	<u>6995'</u>	<u>6240'</u>					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
<u>3352 DF</u>	<u>Tubb</u>	<u>6157</u>	<u>6215'</u>					
Perforations	Depth Casing Shoe							
<u>6157-6230' - 12 jets shots</u>	<u>6818</u>							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
<u>17 1/4</u>	<u>13 3/8 32.4#</u>		<u>308</u>		<u>300</u>			
<u>12 1/4</u>	<u>9 5/8 36#H40</u>		<u>2840</u>		<u>3500</u>			
<u>8 1/4</u>	<u>7" 23# J+N</u>		<u>6810</u>		<u>250</u>			

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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
<u>Feb 22, 1977</u>	<u>Mar 22, 1977</u>	<u>Flow Pump 1224</u>	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
<u>24</u>	<u>30</u>	<u>20</u>	<u>100#</u>
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
	<u>11</u>	<u>15</u>	<u>28.55</u>

Note: No work done on Blinney zone.

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.

Oleg F. Hedrick
(Signature)
Partner
(Title)
April 12, 1977
(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.

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