NO. OF COPIES REC	EIVED	İ	
DISTRIBUTION			
SANTA FE			
FILE		1	
U.\$.G.\$.		1	
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			

3/14/83

(Date)

## NEW MEXICO OIL CONSERVATION COMMISSIC.4

Form C-104

	FILE	REQUEST	FOR ALLOWABLE	Supersedes Old C-104 and C-11 Effective 1-1-65
	U.S.G.S.	AUTHORIZATION TO TRA	AND ANSPORT OIL AND NATURAL	
	LAND OFFICE	AUTHORIZATION TO TRA	ANSPORT OIL AND NATURAL	GAS
	TRANSPORTER OIL			
	GAS			
	OPERATOR			
1.	PRORATION OFFICE			
	Operator KAISER_ERANC	CIS OIL COMPANY		
	Address	713 OIL COMPANY		
	P.O. BOX 355	528 TULSA, OKLAHO	OMA 74135	
	Reason(s) for filing (Check proper box		Other (Please explain)	
	New Well	Change in Transporter of:		
	Recompletion	Oil X Dry Go	rs 🔲	
	Change in Ownership	Casinghead Gas Conde	nsate X	
	If change of ownership give name			
	and address of previous owner			
И.	Legse Name	Well No. Pool Name, Including F	ormation   Kind of Leas	se Lease No.
	TEXACO STATE	1 TEAGUE (BLIN	EBRY) State, Feder	
	Location		· · · · · · · · · · · · · · · · · · ·	
	Unit Letter P 660	Feet From The EAST Lin	ne andFeet From	The SOUTH
	Line of Section 16 To	wnship 235 Range	37E , <sub>ммем</sub> , LI	EA County
Π.	DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL GA	Address (Give address to which appro	oved copy of this form is to be sent
	PERMIAN CORPORATION	Permian (Eff. 9 / 1 /87)	P.O. BOX 1183 HOUS	
	Name of Authorized Transporter of Ca	· · · · · · · · · · · · · · · · · · ·	Address (Give address to which appro	
	EL PASO NATURAL GAS	<del>_</del>	P.O. BOX 1492, EL PAS	
	If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected? Wh	hen
	give location of tanks.	P 16 23S 37E	YES	4/1971
	If this production is commingled wi	th that from any other lease or pool,	give commingling order number:	
v.	COMPLETION DATA			
Γ	Designate Type of Completic	Oil Well Gas Well	New Well Workover Deepen	Plug Back   Same Resty. Diff. Resty.
			Total Depth	P.B.T.D.
	Date Spudded	Date Compl. Ready to Prod.	lotal Depth	F.B.1.D.
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
	( , , , , , , , , , , , , , , , , , , ,			
	Perforations			Depth Casing Shoe
		TUBING, CASING, ANI	D CEMENTING RECORD	<u> </u>
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
••		OD ATTOWARTE OF THE STATE OF		l and must be equal to or exceed top allow
٧.	TEST DATA AND REQUEST FOIL WELL	OR ALLOWADLE (1 est must be a able for this de	epth or be for full 24 hours)	
	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas l	lift, etc.)
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size
				Gga - MCF
	Actual Prod. During Test	Oil-Bbls.	Water - Bbls.	Gds-MCF
	<u> </u>	<u></u>		
	CAC WELL			
	GAS WELL Actual Prod. Teet-MCF/D	Length of Test	Bbis. Condensate/MMCF	Gravity of Condensate
	Acted 7.521 . 551 . mo. 72			
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
	•			
71	CERTIFICATE OF COMPLIAN	CE	OIL CONSERV	ATION COMMISSION
			MAD 9	2 1983
I hereby certify that the rules and regulations of the Oil Conservation		~	<u>~ 1303, 19</u>	
	Commission have been complied to	with and that the information given best of my knowledge and belief.	11	D BY JERRY SEXTON
	above is true and complete to the	The state of the s		SUPERVISOR
		72 .	TITLE	
	10 /2 /	alba L	This form is to be filed in	compliance with RULE 1104.
	(1/Un/10	alkerburg	If this is a request for allo	pwable for a newly drilled or deepensoned by a tabulation of the deviation
	Production Departmen	ature) //	tests taken on the well in acc	canied by a tabulation of the deviation ordance with RULE 111.
			All sections of this form m	oust be filled out completely for allow
	(Ti	ile)	able on new and recompleted	774471

able 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.

MAR 21 1983

DISTRIBUTE	ON	
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
IRANSPORTER	OIL	
	GAS	
OPERATOR		
PROBATION OF	FICE	

SANTA FE	PEQUE	T FOR ALLOWARD	ISSI(	Form C-104	
FILE		REQUEST FOR ALLOWABLE AND		Supersedes Old C-104 and C-1 Effective 1-1-85	
U.\$.G.\$.	AUTHORIZATION TO T	RANSPORT OU AND			
LAND OFFICE		MANSPORT OIL AND	NATURAL GAS		
TRANSPORTER OIL					
GAS					
OPERATOR	4				
PRORATION OFFICE					
Kaiser-Francis O	il Company				
Address	11 Company				
P.O. Box 35528	Tulsa, OK 74135				
Reason(s) for filing (Check propo		Other (Please			
New Well	Change in Transporter of:	Jonnes (1 reals	explain)		
Recompletion	Oil Dry	Gos		•	
Change in Ownership X	Casinghead Gas Cond	densate 🔲			
If change of ownership give as					
and address of previous owner	ne Coquina Oil Corporation	P.O. Drawer 29	60 Midland,	TX 79702'	
DESCRIPTION OF WELL A	Well No. Pool Name, Including		-		
Texaco State			Kind of Lease	Lease No	
Locatic State	l   Teague Blineb	огу	State, Federal or Fee	State B-158	
Unit Let er P ;	660 Feet From The East L	330		Court	
Unit Let er;	Feet From The Edst	_ine and	_ Feet From The	South	
Line of Section 16	Township 23S Range	37E , NMFM		Lea Courty	
		, NMFM		Lea County	
<b>DESIGNATION OF TRANSI</b>	PORTER OF OIL AND NATURAL G	GAS			
Name of Authorized Transporter	of Cil 📆 or Condensate 🦳		o which approved cop	y of this form is to be sent)	
Navajo Crude Oil	Purchasing Company	P.O. Box 159			
Name of Authorized Transporter :	of Casinghead Gas or Dry Gas	Address (Give address t	o which approved cop	y of this form is to be sent)	
El Paso Natural	Gas Company	P.O. Box 1492	El Paso, TX	79978	
If well produces oil or liquids,	Unit Sec. Twp. Rge.	is gas actually connecte	d? When		
give location of tanks.	P 16 23S 37E	Yes	April	1971	
If this production is commingle	d with that from any other lease or poo	l, give commingling order	number:		
COMPLETION DATA	Oil Well Gas Well	New Well Workover			
Designate Type of Comp		New Well Workover	Deepen Plug	Back   Same Res'v. Diff. Res'	
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.	F.D.	
			1.5.		
Elevations (DF, RKB, RT, GR, e	Name of Producing Formation	Tep Oii/Gas Pay	Tubir	ng Depth	
Perforations			Depth	Casing Shoe	
	TUBING, CASING, AT	ND CEMENTING RECOR	0		
HOLE SIZE	CASING & TUBING SIZE	DEPTH SE	T	SACKS CEMENT	
		<u>.                                    </u>	<del> </del>		
TEST DATA AND REQUES' OIL WELL		after recovery of total voluments of before the for full 24 hours	ne of load oil and mus	it be equal to or exceed top all	
Date First New Cli Run To Tanks		Producing Method (Flow			
Length of Test	Tubing Pressure	Casing Pressure	Chok	e Size	
	<u> </u>				
Actual Proc. During Test	Oil-Bbls.	Water - Bbis.	Gas -	MCF	
··· <del></del>					
gas well					
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravi	ty of Condensate	
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-	(1m) Chok	e Size	
<del></del>		<del></del>			
CERTIFICATE OF COMPLI	ANCE	OIL	ONSERVATION	COMMISSION	
			8 NI 4 O 400'		
hereby certify that the rules a	ind regulations of the Oil Conservation	APPROVED	AN 13 1983	<del>5</del>	

## I. **C**

Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

(Signature) Engineering Tech (Title)

November 24, 1982

(Date)

ORIGINAL SIGNED BY BY\_

JERRY SEXTON TITLE \_

DISTRICT 1 SUPR.

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.