STATE OF NEW MEXICO MINITIALS DEPARTMENT

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	1140		
DISTRIBUTION			
BANTAFE			
FILE			_
U 8.0.8.			
LAND OFFICE			
TRANSPORTER	DIL	_	_
	DAS		
OPERATOR.			
			1

OIL CONSERVATION DIVISION P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

	SAMO OFFICE TRANSPURTER DAS OPERATION	REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS						
ž.	Commission OFFICE Commission OFFICE Commission Comm	perator						
	Address CONTANT							
	#10 DESTA DRIVE, STE	. 600 W. MIDLAND, TX.	79705 Other (Please	explaint				
	Reason(s) for filing (Check proper box)	Change in Transporter of:	1		singhead gas from	1		
	New Well Recompletion	OII Dry Go			itained from the			
	Change In Ownership	Casinghead Gas Conder	Minerals	Manageme	ent Service.			
l								
	If change of ownership give name and address of previous owner	no	7.10/	.				
Π.	DESCRIPTION OF WELL AND LEASE Lease Name Well No. Pool Name Including Formation - 8/49 Kind of Lease							
	16 Allendary of Feenman and 18 Store Federal of Feenman and 18							
N.E.SALADO DRAW(DEEP)UNIT 1 WILDCAT - WALCALE MALE SINCE FEDERAL NMZ8								
	Unit Letter E : 1980	Feet From The N Lin	e and 660	_ Feel From T	h• <u>FW</u>			
	Line of Section 6 To	aship T-26-S Range	34 E , NMPM,	Lea		County		
1.	DESIGNATION OF TRANSPORT	ER OF OIL AND NATURAL GA	Address (Give address to	which approv	ed copy of this form is	to be sent)		
	Name of Authorized Transporter of Cit	or Condensate M		MIDLAND		2		
	Name of Authorized Transporter of Cas	inghead Gas Or Dry Gas	Address (Give address)	o which approv	ed copy of this form is	ic be sent;		
	If well produces oil or liquids,	Unit Sec. Twp. Rge. E 6 126S 34E	is gas actually connecte . no	1	••			
	give incutton of tones.			number:				
٧.	If this production is commingled wit COMPLETION DATA			Deepen	Plug Back Same He	stv. Diff. Rest		
•	Designate Type of Completio	n - (X) Gas Well	New Well Workover	l I	Programme To	!		
	Date Spudded	Date Compl. Heady to Prod.	Total Depth		P.B.T.D.			
	10-27-84	8-20-85	16,320'		14,250'			
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay		Tubing Depth			
	3320' GL & 3345' KB	WOLFCAMP	13,450'		13,000' Depth Casing Shoe			
	Perforations			16,320'	-			
	13,450'-13,655'	D CEMENTING RECORD						
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SE		SACKS CE	MENT		
	26"	20"	1022		1930' 5380'			
	17½"	13 3/8"	5257'		3690'			
	12½"	9 5/8"	13,000'		900'			
	812"	1 7" 15,357 178"AND REQUEST FOR ALLOWABLE (Test must be after poorly of load oil and must be 1621 to or exceed able for this depth or be for full 24 hours)						
·*•	TEST DATA AND REQUEST FO	able for this de						
	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow	, půmp, gas lij	t, etc.)			
	8-2-85	8-25-85	flow Casing Pressure	 	Choke Size			
	Length of Test	Tubing Pressure	Casing Piessan		6/64"			
	Actual Prod. During Test	1121	Water-Bbls.		Gas-MCF			
	Actual Plod. During 1441	16	3		61			
			•	•				
	GAS WELL	Length of Test	Bbls. Condensate/MMCI	·	Gravity of Condensal			
	Actual Frod. Test-MCF/D	Langin of 1441	Ì					
	Testing Method (pitot, back pr.)	Tubing Presents (ghut-in)	Cosing Pressure (Ehut-	in)	Choke Size			
	CERTIFICATE OF COMPLIANCE	F	DIL CONSERVATION DIVISION					
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.			SFP - 4 1985					
			APPROVED ULI TIOU					
				ORIGINAL SIGNED BY JETTY SEXTON DISTRICT I SUPERVISOR				
	REDIC TE TIME MILE COMPACE CO. T.	TITLE			A. I'			
	0 0 0	11 .		compliance with rare				
	1) DY Han land	This form is to be filed in compliance with review of the file of deepen if this is a request for allowable for a newly diffice or deepen well, this form must be accompanied by a tabulation of the deviction.						
	MA CHOVE / Sinn	D.R. Lutton	well, this form mus	I be electrice	NISO OV A INSUMERIOR	C. A. Cillan Charles and C.		
	, , , , , , , , , , , , , , , , , , , ,		H losts taken on the		and the desire	And a fact from att.		

NK SULTON /OUR (Signalwe) District Production Supt. August 29, 1985

(Dote)

All sections of this form must be filled out completely for allo-able on new and recompleted walls.

Fill out only Sections I. H. III, and VI for thanger of own-well name or number, or transporter, or other such thange of conditi-

Separate Forms C-104 must be filed for each pool in multi, completed wells.