CUNFIDENTIAL

STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

DISTRIBUTION			
SANTA PE			
FILE	FILE		
U.8.0.8.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR	PERATOR		
PROBATION OFFICE			

Operator

OIL CONSERVATION DIVISION P. O. BOX 2088 SANTA FE, NEW MEXICO 87501

Form C-104 Revised 10-01-78 Format 06-01-83 Page 1

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

BIA UIL PRODUCERS	·
Address	
104 South Pecos Midland, Texas 79701	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well Change in Transporter of:	· ·
	ry Gas
Change in Ownership Casinghead Gas Co	ondensate
If change of ownership give name and address of previous owner	
II. DESCRIPTION OF WELL AND LEASE	c -1-87
Lease Name Well No. Pool Name, Including F	ormation R 85/3 Kind of Lease N
Madera, 8706 JV-P Com 1 Pitchfork Rand	ch (Morrow) Liv State, Federal or Fee Fee NM19004
Location	
Unit LetterE- 1980 Feet From The North Lin	e and 660 Feet From The West
	The state of the s
Line of Section 27 Township 24-S Range 34	1-E , NMPM, 1-Pa Count
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL	GAS
Name of Authorized Transporter of Off or Condensate	Address (Give address to which approved copy of this form is to be sent)
NONE	
Name of Authorized Transporter of Casinghead Gas or Dry Gas X	Address (Give address to which approved copy of this form is to be sent)
El Paso Natural Gas Co.	Box 1492, El Paso, Texas 79978
Linu Sec Tun Bee	is gas actually connected? When
If well produces oil or liquids, give location of tanks.	NO i
	<u></u>
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.	
and the second s	II
VI. CERTIFICATE OF COMPLIANCE	OIL CONSERVATION DIVISION
	ABBROVED DEC 1 1987
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	APPROVED
my knowledge and belief.	BY
	ORIGINAL SIGNED BY JEERY SEXTON
	TITLE DISTRICT I SUPERMEROR
a for the file of	
Sighatter Willianton	This form is to be filed in compliance with RULE 1104.
Regulatory Supervisor	If this is a request for allowable for a newly drilled or deepe well, this form must be accompanied by a tabulation of the deviat tests taken on the well in accordance with RULE 111.
(Title)	All sections of this form must be filled out completely for all able on new and recompleted wells.
8/4/87 (Date)	Fill out only Sections I, II, III, and VI for changes of own well name or number, or transporter, or other such change of conditi
	Separate Forms C-104 must be filed for each pool in multi- completed wells.

Designation of Complete	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. P	
Designate Type of Complet		_		
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
5/16/87	7/28/87	15.142 15.114		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Otl/Gas Pay	Tubing Depth	
3,468' GR 3,493' RT	Morrow	14.934	14,700'	
Perforations			Depth Casing Shoe	
14,934' - 15,014'			_ 15,140'	
	TUBING, CASING, AI	ND CEMENTING RECORD		
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
20"	16"	614'	70 0 - Circ.	
14-3/4"	10-3/4"	5250'	3200 - Circ.	
9-1/2"	7-5/8"	13200'	2900 - TOC @ 1600	
6-1/2"	5" Liner	12801' - 15140'	350	
7. TEST DATA AND REQUEST OIL WELL Date First New Oil Run To Tanks	T FOR ALLOWABLE (Test must be able for this a	after recovery of total volume of load depth or be for full 24 hours) Producing Method (Flow, pump, ga		
Agia 1 1141 1144 Att 1180 14 1	3.00			
Length of Test	Tubing Pressure	' Casing Pressure	Choke Size	
Actual Prod. During Teet	Oil-Bbis.	Water - Bbis.	Gas • MCF	
GAS WELL				
Actual Prod. Test-MCF/D	Length of Test	Bbis. Condensate/MMCF	Gravity of Condensate	
3200	24 hrs.			
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size	
Back pr.	5850	Pkr	12/64	

