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TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator

Lonnie J. Buck

Address

901 North Jefferson Hobbs, New Mexico 88240

Reason(s) for filing (Check proper box)

New Well XX

Recompletion

Change in Ownership

Change in Transporter of: Oil, Dry Gas, Casinghead Gas, Condensate

Other (Please explain)

CASINGHEAD GAS MUST NOT BE FLARED AFTER 11-1-79 UNLESS AN EXCEPTION TO R-4070 IS OBTAINED.

If change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Monco	#2	Jalmat	State, Federal or Fee Fee	

Location

Unit Letter M : 670 Feet From The South Line and 660 Feet From The West

Line of Section 25 Township 25S Range 36E , NMPM, Lea County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil or Condensate	Address (Give address to which approved copy of this form is to be sent)
Western Oil Transportation	Box 833 Hobbs, New Mexico
Name of Authorized Transporter of Casinghead Gas or Dry Gas	Address (Give address to which approved copy of this form is to be sent)
El Paso Natural Gas Co.	Midland, Texas

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	M	25	25S	36E	Not tested	

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

COMPLETION DATA

Designate Type of Completion – (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
	XX				Re-entry			

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
7-30-79	8-22-79	3327'	3303'
Elevations (DF, RKB, RT, GR, etc.)	**Name of Producing Formation**	**Top Oil/Gas Pay**	**Tubing Depth**
	Seven Rivers	3066'	3288'

Perforations	Depth Casing Shoe
3264-70; 81-91; 96-98	3326'

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
6¼'	~~3326'~~ 4½"-11.60#	~~3326~~ 3326'	
	DV tool at 2501'. Cemented in 2 stages. Circulated cement w/ 980 sx cement.		
2-3/8" tubing		3288'	SN @ 3253'

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)

OIL WELL

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
8-24-79	8-30-79	Pumping	
Length of Test	**Tubing Pressure**	**Casing Pressure**	**Choke Size**
24 hrs.	---	vented	-
Actual Prod. During Test	**Oil - Bbls.**	**Water - Bbls.**	**Gas - MCF**
26 bbls.	22 oil	4 water	not tested

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**

CERTIFICATE OF COMPLIANCE

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.

Lonnie J. Buck
(Signature)

Owner Operator
(Title)

9-5-79
(Date)

OIL CONSERVATION DIVISION

APPROVED SEP 7 1979, 19

BY Leslie A. Clements

TITLE Geologist

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.