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	GAS	
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NEW MEXICO OIL CONSERVATION COMMISSION

Form C-104

5

Supersedes Old C-104 and C-110
Effective 1-1-65REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator Seco Production Company		
Address 616 Vaughn Building, Midland, Texas		
Reason(s) for filing (Check proper box) (Other: please explain)		
New Well	<input checked="" type="checkbox"/>	Change in Transporter info
Recompletion	<input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of ownership give name
and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name Crawford State	Lease No. K-4565	Well No. 2	Pool Name, including Formation Stateline Ellenburger	Kind of Lease State, Federal or Fee State
Location				
Unit Letter L	889.7	Feet From The West	Line and 1980	Feet From The South
Line of Section 4	Township 24 South	Range 18 East	NMPM, Lea County	

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)					
The Permian Corporation	P. O. Box 3119, Midland, Texas					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
If well produces oil or liquids, give location of tanks.	Unit L	Sec. 4	Twp. 24S	Rge. 18E	Is gas actually connected?	When

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

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded 7-15-65	Date Compl. Ready to Prod. 10-3-65	Total Depth 12,220		P.B.T.D. 12,180					
Elevations (DF, RKB, RT, GR, etc.) 3294.5 RKB	Name of Producing Formation Ellenburger		Top Oil/Gas Pay 12,106		Tubing Depth 12,172				
Perforations 12,106 - 12,156		Depth Casing Shoe 12,220							
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
17"	13-3/8"		430		400				
12-1/4"	9-5/8"		5500		750				
8-3/4"	7"		12220		690				

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(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)

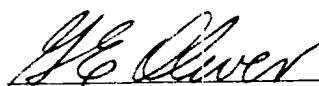
Date First New Oil Run To Tanks 10-3-65	Date of Test 10-3-65	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 24 hours	Tubing Pressure 60	Casing Pressure Packer	Choke Size 36/64"
Actual Prod. During Test 360	Oil-Bbls. 360	Water-Bbls. None	Gas-MCF 52

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	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.



(C. L. Oliver)

Production Superintendent

(Title)

October 6, 1965

(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.