		-		
NO. OF COMITY MECEIVED				
DISTRIBUTION				
SANTA FE				
FILE				
U.S.G. S.				
LAND OFFICE				
TRANSPORTER	OIL			
	GAS			
OPERATOR				
		1	T	

Area Engineer

6/15/79

(Title)

(Date)

NEW MEXICO OIL, CONSERVATION COMMIS REQUEST FOR ALLOWABLE

AND

Form C-104 Supersedes Old C-104 and C-11 Effective 1-1-65

	U.S.G.3.	AUTHORIZATION TO TRA	ANSPORT OIL AND NA	TURAL GAS			
	LAND OFFICE	4					
	TRANSPORTER OIL	4					
	GAS	·					
	OPERATOR	_					
ì.	PROPATION OFFICE		CASING	HEAD GAS MUST NOT	700		
	Operator		FLARER	AFTER 8/1/29			
	GULF OIL CORPOR	ATION	UNITES	AN EXCEPTION TO R	A 0/7 6		
	Address		IS OBTAINED.				
	P. O. Box 670 Reason(s) for filing (Check proper box	Hobbs, NM 88240					
	1 17777	<i>)</i>	Other (Please ex	plain)			
	New Well	Change in Transporter of:	No. Wall	-			
	Recompletion	Cil KX Dry Go	New Wel	L			
	Change in Ownership	Casinghead Gas Conde	nsate				
		· 	•	•			
	If change of ownership give name and address of previous owner						
H.	DESCRIPTION OF WELL AND	LEASE					
	Lease Name	Well No. Pool Name, including F		nd of Lease	Lease No.		
	Arnott-Ramsay (NCT-B	b) 6 Langlie-Matt	St St	ate, Federal or Fee State	B-229		
	Location	do Conth	1000	774			
	Unit Letter J 19	80 South	1980	Feet From TheEast			
							
	Line of Section 32 Tox	wnship 25S Range	37E , NMPM,	Lea	County		
III.	DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GA	AS				
	Name of Authorized Transporter of Oil	or Condensate	i	hich approved copy of this form is			
	The Permian Corporati	on v	Box 3119 M	idland, TX 79701 hich approved copy of this form is			
	Name of Authorized Transporter of Cas	singhead Gas 🛅 💮 or Dry Gas 🦳	}		to be sent)		
	El Paso Natural Gas C	0.	Box 1384 J	al, NM 88252			
	If well produces oil or liquids,	Unit Sec. Twp. P.ge.	is gas actually connected?	When			
	give location of tanks.	0 32 25S; 37E	No				
	If this production is commingled wit	th that from any other lease or pool,	give commingling order nu	ımber:			
	COMPLETION DATA						
		Oil Well Gas Well	New Well Workover	Deepen Plug Back Same Re	stv. Diff. Restv.		
	Designate Type of Completic	on - (X)	X ! !				
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.			
	4-6-79	5-3-79	36001	3505*			
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth			
	2993 ° ŒL	Queen	3248	3412'			
	Perforations			Depth Casing Shoe			
	3248-34311						
		TUBING, CASING, AND	CEMENTING RECORD				
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CE	MENT		
	12 <u>1</u> n	8-5/8"	3491	255 sx - ci	rc		
	7-7/8"	511	3600*	910 sx - ci			
	1.1/5	2-3/8"	3412'				
		1					
3 7	TEST DATA AND REQUEST FO	OR ALLOWABLE (Test must be a	fter recovery of total volume	of load oil and must be equal to or	exceed top allow-		
٧.	OIL WELL	able for this de	pth or be for full 24 hours)				
i	Date First New Cil Run To Tanks	Date of Test	Producing Method (Flow, p	ump, gas lift, etc.)			
	5-3-79	6-8-79	Pumping		- 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 		
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size			
	24 hrs	1/.#	14#	2" WO			
	Actual Pred. During Test	Cil-Bbls.	Water - Bbls.	Gas-MCF			
	46	17	29	25			
'							
	GAS WELL		Cor	rected Gravity 28.50	<u>@ 60°</u>		
ſ	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate	•		
		,					
}	Testing Method (pital, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in	Choke Size			
i							
1 (1 1 (1)	CERTIFICATE OF COMPLIANC	DE.	OIL CO	NSERVATION COMMISSIO	N		
7.44	CERTIFICATE OF COMPENSACE	12	i l	4 to *= 3.50			
	hereby certify that the rules and regulations of the Oil Conservation		APPROVED JUN 29 19				
	empireton have been complied with and that the information given []		1 Jan Jan For				
above is true and complete to the hest of my knowledge and belief.			BY MERCEN				
			TIVE SUPERVISOR DISTRICT I				
			11				
			This form is to be	filed in compliance with RUL	E 1104.		
1. Y. Sikes S.			If this is a request for allowable for a newly drilled or despended well, this form must be accompanied by a tabulation of the deviation				
•	(Signa	iture) / U	well, this form must be tests taken on the well	I in accordance with RULE 11	1.		
Area Engineer			II .		intally for allows		

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

Segarate Forms C-104 must be filed for each pool in multiply completed wells.

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