

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

RECEIVED BY

NOV 22 1983

O. C. D.
ARTESIA, OFFICE

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

REGISTRATION	
DISTRIBUTION	
SANTA FE	<input checked="" type="checkbox"/>
FILE	<input checked="" type="checkbox"/>
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	<input checked="" type="checkbox"/>
OIL	<input checked="" type="checkbox"/>
GAS	<input checked="" type="checkbox"/>
OPERATOR	
PRODUCTION OFFICE	

Operator Baber Well Servicing Co.

Address Box 1772 Hobbs, N.M. 88240.

Reason(s) for filing (Check proper box)

New Well Change in Transporter of:

Recompletion Oil Dry Gas

Change in Ownership Casinghead Gas Condensate

Other (Please explain) Well has never been connected to sell gas. Change in Ownership. Transwestern will take gas.

If change of ownership give name and address of previous owner INEX CO Oil Co. 1100 Milam Blvd. Suite 19 Houston, Texas 77002

DESCRIPTION OF WELL AND LEASE R-7437 2-6-84

Lease Name <u>Long Box Unit</u>	Well No. <u>1</u>	Pool Name, Including Formation <u>WILCOAT ATOKA GAS</u>	Kind of Lease <u>Fed.</u>	Lease No. <u>N.M. 30062 22679</u>
Location	Unit Letter <u>H</u> : <u>1980</u> Feet From The <u>N</u> Line and <u>660</u> Feet From The <u>East</u>	Line of Section <u>30</u> Township <u>20</u> Range <u>24</u> , NMPM, <u>Eddy</u> County		

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) <u>NAV A J O Coudo Oil Purchasing Artesia, Box 159 N.M.</u>
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) <u>TRANSWESTERN Box 2521, Houston, Texas 77252 #5314</u>

If well produces oil or liquids, give location of tanks. Unit 30 Sec. 20 Twp. 24 Rge. 24 Is gas actually connected? Dec 1983 When 12-20-83

If this production is commingled with that from any other lease or pool, give commingling order number: None

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					
Date Spudded <u>7-30-78</u>	Date Compl. Ready to Prod. <u>11-10-78</u>	Total Depth <u>9375</u>	P.B.T.D. <u>8649</u>					
Elevations (DF, RKB, RT, GR, etc.) <u>3894 G.L.</u>	Name of Producing Formation <u>ATOKA</u>	Top Oil/Gas Pay <u>8574</u>	Tubing Depth <u>8390</u>					
Perforations <u>8574 to 8587</u>			Depth Casing Shoe <u>8376</u>					

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<u>17 1/2</u>	<u>13 3/8</u>	<u>390</u>	<u>400</u>
<u>12 1/4</u>	<u>8 5/8</u>	<u>1925</u>	<u>725</u>
<u>7 7/8</u>	<u>4 1/2</u>	<u>8736</u>	<u>550</u>
	<u>2 3/8</u>	<u>8390</u>	

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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D <u>1.221</u>	Length of Test <u>4-hrs</u>	Bbls. Condensate/MMCF <u>None</u>	Gravity of Condensate
Testing Method (pilot, back pr.) <u>Flow</u>	Tubing Pressure (Shut-in) <u>1569</u>	Casing Pressure (Shut-in) <u>0</u>	Choke Size <u>4 7/8/64</u>

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.

Guy A. Baker
(Signature)
Pres.
(Title)
11-21-83
(Date)

OIL CONSERVATION DIVISION

APPROVED DEC 27 1983, 19

BY Mike Walker

TITLE OIL AND GAS INSPECTOR

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 Form C-104 must be filed for each pool to multiply.