

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501 APR 14 1982

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GASO. C. D.  
ARTESIA, OFFICE

I.

CO. OF COPIES DESIRED	
DISTRIBUTION	
SANTA FE	1
FILE	1
U.S.O.B.	
LAND OFFICE	
TRANSPORTER	
OIL	
NAT	
OPERATOR	
PRODUCTION OFFICE	

Operator

Threshold Development Company

Address

Suite II-A, 777 Taylor Street, Fort Worth, TX 76102

Reason(s) for filing (Check proper box)

New Well ☒Recompletion ☐Change in Ownership ☐

Change in Transporter of:

Oil ☐Casinghead Gas ☐Dry Gas ☐Condensate ☐

Other (Please explain)

If change of ownership give name  
and address of previous owner

## II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Conoco 7 State	8	E. Millman (On-Gryb)	State, Federal or Fee State	B-8096
Location				
Unit Letter	B	: 660 Feet From The north Line and 1880 Feet From The East		
Line of Section	7	Township 19S	Range 29E	NMPM, Eddy 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)					
Conoco, Inc.	P. O. Box 2587, Hobbs, NM 88240					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Conoco, Inc.	P. O. Box 2587, Hobbs, NM 88240					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	B	7	19S	29E	Yes	April 1, 1982

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
X	X		X					
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
2-13-82	3-25-82	2550'	2509'					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
3377.4 GR	On-Gryb	2110'	2151'					
Perforations			Depth Casing Shoe					
2110-20'			2549'					

## TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/4"	8-5/8"	379'	400 sks Class "C"
7-7/8"	4-1/2"	2549'	950 sks Class "C"

## 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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
3-31-82	4-6-82	Pump	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hrs	127 psi	51 psi	NA
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
33 BO, 39 BW	33	39	39

## GAS WELL

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

## VI. 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.

Bucky Birch  
(Signature)

Area Manager

(Title)

April 12, 1982

(Date)

## OIL CONSERVATION DIVISION

APPROVED APR 16 1982

BY W. A. Gussitt  
TITLE SUPERVISOR, DISTRICT II

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 in multiple completed wells.