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TRANSPORTER	OIL ✓ GAS ✓
OPERATION	
PROMOTION OFFICE	

P. O. BOX 2080
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MAY 1 1984

O C D.

OIL AND GAS DIVISION

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GASOperator
Ammex Petroleum, Inc. ✓Address
Box 10507 Midland, TX 79702

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)

CASINGHEAD GAS MUST NOT BE

FILED AFTER 7-10-84

UNLESS AN EXCEPTION FROM

THE B.L.M. IS OBTAINED

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Big Eddy Unit	Well No. 100	Pool Name, Including Formation Undesignated-Bone Spring	Kind of Lease State, Federal or Fee Federal	Lease No. LC060572
Location Unit Letter L : 2291 Feet From The South Line and 483 Feet From The West				
Line of Section 8 Township 21S Range 28E, 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"/> UPG, Inc.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 3339 Abilene, TX 76904					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> none	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. 8	Twp. 21S	Rge. 28E	Is gas actually connected? no	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) XX	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'tv. <input type="checkbox"/> Diff. Res'tv. <input type="checkbox"/>		
Date Spudded 4/3/84	Date Compl. Ready to Prod. 5/1/84	Total Depth 9200	P.B.T.D. 3830
Elevations (DF, RKB, RT, GR, etc.) 3178.0 GR	Name of Producing Formation Delaware	Top Oil/Gas Pay 3197	Tubing Depth 3072
Perforations 2197 - 3210	Depth Casing Shoe		

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17 1/2"	13 3/8" 54.5#	347'	400 sx "C" + 2% CaCl
11"	8 5/8" 24, 28, 32#	2579'	1500 sx light, 150 sx "
7 7/8"	5 1/2" 17, 15.5, 14#	3712'	250 sx 50/50 + 100 sx "
2 3/8"		3072'	

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 5/1/84	Date of Test 5/1/84	Producing Method (Flow, pump, gas lift, etc.) flow & swab	POST TD-2 5-11-84 Camp & BK
Length of Test 24 hr (calculated)	Tubing Pressure 10	Casing Pressure pkr	Choke Size open
Actual Prod. During Test 132	Oil-Bbls. 45.6	Water-Bbls. 86.4	Gas-MCF 48

GAS WELL

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

Operations Clerk

(Title)

5/3/84

(Date)

OIL CONSERVATION DIVISION

APPROVED MAY 10 1984, 19

BY Mike Williams

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 deviated 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 conditions.

Separate Forms C-104 must be filed for each pool in multi-completed wells.