

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS RECEIVED

JAN 26 1978

SANTA FE	/	
FILE	/	✓
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL /	
	GAS /	
OPERATOR	/	
PRODUCTION OFFICE		

I. Operator **DELTA DRILLING COMPANY** **O.C.C.**
Address **P. O. Box 866, Odessa, TX 79760**
Reason(s) for filing (Check proper box):
New Well Change in Transporter of: Oil Dry Gas
Recompletion Casinghead Gas Condensate
Change in Ownership

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

II. DESCRIPTION OF WELL AND LEASE
Lease Name **South Culebra Bluff** Well No. **1** Pool Name, including Formation **Wildcat Atoka** Kind of Lease **State, Federal or Fee** Fee
Location: Unit Letter **G**; **1980** Feet From The **North** Line and **1650** Feet From The **East**
Line of Section **23** Township **23S** Range **28E**, NMPM, **Eddy** County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
Name of Authorized Transporter of Oil or Condensate
The Permian Corporation Address (Give address to which approved copy of this form is to be sent) **P. O. Box 3119, Midland, TX 79701**
Name of Authorized Transporter of Casinghead Gas or Dry Gas
El Paso Natural Gas Company Address (Give address to which approved copy of this form is to be sent) **P. O. Box 1492, El Paso, TX 79978**
If well produces oil or liquids, give location of tanks. Unit **G** Sec. **23** Twp. **23S** Rge. **28E** Is gas actually connected? **yes** When **1-26-78**

If this production is commingled with that from any other lease or pool, give commingling order number: **No**

IV. COMPLETION DATA
Designate Type of Completion - (X) Oil Well Gas Well New Well Workover Deepen Plug Back Same Res'v. Diff. Res'v.
Date Spudded **11-6-77** Date Compl. Ready to Prod. _____ Total Depth **11,769** P.B.T.D. **11,769**
Elevations (DF, RKB, RT, GR, etc.) **2995.5 GR** Name of Producing Formation **Atoka** Top Oil/Gas Pay **11,750** Tubing Depth **11,769**
Perforations **Open Hole** Depth Casing Shoe _____

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
Conductor	20"	34	5 cu. yd. Ready-Mix
17 1/2"	13-3/8"	418	500 sk. Class "C"
12 1/4"	9-5/8" 36" & 40"	6355	Stage #1 1065 sk. Stage #2 1640 sk.

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.)	
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 **45 MMCF/D** Length of Test **2 hours** Bbls. Condensate/MMCF **Trace** Gravity of Condensate **73.4 API**
Testing Method (pilot, back pr.) **Back Pressure** Tubing Pressure (shut-in) **Not Available** Casing Pressure (shut-in) **Not Available** 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.
W. M. Greenwell, Jr.
(Signature)
Manager of Production
(Title)
January 26, 1978
(Date)

NEW MEXICO OIL CONSERVATION COMMISSION
APPROVED **JAN 31 1978**
BY **W. A. Gressett**
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 Forms C-104 must be filed for each pool in multiply completed wells.