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NEW MEXICO OIL CONSERVATION COMMISSION

REQUEST FOR ALLOWABLE

AND

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator

Address (Give address to which approved copy of this form is to be sent)

Reason for filing (Please indicate by check mark)

Other (Please explain)

New Well

Recompletion

Change in Transporter of:

Oil

Dry Gas

Casinghead Gas

Condensate

#27

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

Lease Name

Well No.

Pool Name, including Formation

Kind of Lease

State, Federal or Fee

Lease No.

Location

Unit Letter ____ ; ____ Feet From The ____ Line and ____ Feet From The ____

Section

Township

Range

County

Name of Authorized Transporter of Oil

or Condensate

Address (Give address to which approved copy of this form is to be sent)

Name of Authorized Transporter of Casinghead Gas

or Dry Gas

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

Sec.

Twp.

Rge.

Is gas actually connected?

When

If this production is commingled with that from any other lease or pool, give commingling order number:

Designate Type of Completion – (X)

Oil Well

Gas Well

New Well

Workover

Deepen

Plug Back

Same Reserv.

Diff. Reserv.

Date Spudded

Date Compl. Ready to Prod.

Total Depth

P.B.T.D.

Elevations (DF, RKB, RT, GR, etc.)

Name of Producing Formation

Top Oil/Gas Pay

Tubing Depth

Perforations

Depth Casing Shoe

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

TEST DATA AND REQUEST FOR ALLOWABLE (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 a 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

Length of Test

Bbls. Condensate/MMCF

Gravity of Condensate

Testing Method (Pitot, back pr.)

Tubing Pressure (Shut-in)

Casing Pressure (Shut-in)

Choke Size

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.

Leland Shaw

OIL CONSERVATION COMMISSION

APPROVED

NOV 9 1967

Original Signed by Emery C. Arnold

SUPERVISOR DIST. #3

TITLE