

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF APPLICANTS	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.M.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATION	
PRODUCTION OFFICE	

Operator  
**WILLIAM M. RAVKIND**

Address  
**5801 MARVIN D. LOVE FRWY. SUITE 305 DALLAS, TEXAS 75237**

Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	CHANGE IN OWNERSHIP
Recompletion <input type="checkbox"/>	EFFECTIVE 1/1/87
Change in Ownership <input checked="" type="checkbox"/>	
Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	

If change of ownership give name and address of previous owner  
**SHANLEY OIL COMPANY 2305 CEDAR SPRINGS RD. #300 DALLAS, TEXAS 75201**

DESCRIPTION OF WELL AND LEASE			
Lease Name <b>AINSWORTH-FEDERAL</b>	Well No. <b>1</b>	Pool Name, including Formation <b>BLUITT SAN ANDRES ASSOC.</b>	Kind of Lease State, Federal or Fee <b>FEDERAL</b>
Location			Lease No. <b>0560261</b>
Unit Letter <b>E</b>	: <b>1980</b> Feet From The <b>NORTH</b> Line and <b>660</b> Feet From The <b>WEST</b>		
Line of Section <b>8</b>	T. nship <b>8S</b>	Range <b>38F</b>	County <b>ROOSEVELT</b>

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS			
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <b>MOBIL OIL COMPANY</b>	Address (Give address to which approved copy of this form is to be sent) <b>P.O. Box 900 DALLAS, TEXAS 75221</b>		
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> <b>N/A</b>	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.	Is gas actually connected? When
	<b>8</b>	<b>8</b>	

COMPLETION DATA									
Designate Type of Completion - <b>(X)</b>		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
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 OIL WELL			
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 (pilot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

**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.

*William M. Ravkind*  
(Signature)

President  
(Title)

January 15, 1987  
(Date)

APPROVED JAN 20 1987, 19

BY ORIGINAL SIGNED BY JERRY SEXTON  
DISTRICT I SUPERVISOR

TITLE \_\_\_\_\_

This form is to be filed in compliance with RULE 1104.  
If this is a request for allowable for a newly drilled or deep well, this form must be accompanied by a tabulation of the deviate tests taken on the well in accordance with RULE 111.  
All sections of this form must be filled out completely for all wells on now and completed wells.  
Fill out only Sections I, II, III, and VI for changes of well name or number, or transporter or other such change of conditions.