

P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

30-025-20724

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF OFFICE COPIES	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.D.S.	
LAND OFFICE	
TRANSPORTER	OIL
	NAT
OPERATOR	
PRODUCTION OFFICE	

I. Operator **PURVIS OIL CORP.**

Address **P. O. Box 11006, Midland, Texas 79702**

Reason(s) for filing (Check proper box) Other (Please explain)

New Well  Change in Transporter of: Oil  Dry Gas  Change of Operator.

Recompletion  Oil  Dry Gas

Change in Ownership  Casinghead Gas  Condensate

If change of operator, give name and address of previous owner. Previous Operator: **Knox Industries Inc., P. O. Box 3023, Midland, Texas 79702**

II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>Lowe</b>	Well No. <b>#1</b>	Pool Name, Including Formation <b>Wolfe</b>	Kind of Lease <b>Fee</b>	Lease State, Federal or Fee
Location Unit Letter <b>A</b> : <b>554</b> Feet From The <b>North</b> Line and <b>554</b> Feet From The <b>East</b>				
Line of Section <b>34</b> Township <b>12 South</b> Range <b>37 East</b> , NMPM, Lea Coun				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <b>AMOCO Pipeline</b>	Address (Give address to which approved copy of this form is to be sent) <b>P. O. Box 591, Tulsa, Oklahoma 74102</b>
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> <b>WARREN PETROLEUM COMPANY, DIV. OF CHEVRON, USA,</b>	Address (Give address to which approved copy of this form is to be sent) <b>Inc., P. O. Box 1589, Tulsa, Oklahoma 74102</b>
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
<b>NE/4</b>	<b>35 12 S 37 E</b> <b>Yes</b> <b>8-1-78</b>

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.
Date Spudded	Date Compl. Ready to Prod.	Total Depth			P.B.T.D.			
Elevations (DF, RKB, RT, CR, 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

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	Dpte 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/MCF	Gravity of Condensate
Testing Method (pilot, 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.

PURVIS OIL CORP.

BY: J. H. Purvis  
J. H. Purvis, (Signature) President

(Title)

March 30, 1990

(Date)

OIL CONSERVATION DIVISION

APR 24 1990

APPROVED: \_\_\_\_\_, 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 deeper well, this form must be accompanied by a tabulation of the deviat tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for all able on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of own well name or number, or transporter, or other such change of condition.