

OIL CONSERVATION DIVISION
P. O. BOX 2080
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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SANTA FE	
FILE	
U.S.O.B.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

I. Operator
Rapid Company, Inc.

Address
c/o Oil Reports & Gas Services, Inc. Box 763, Hobbs, NM 88240

Reason(s) for filing (Check proper box)
 New Well Re-entry Change in Transporter of:
 Oil Dry Gas
 Recompletion Casinghead Gas Condensate
 Change in Ownership

Other (Please explain) **GAS EXIST NOT BE
 PLANNED UNDER AN EXCEPTION TO R-4076
 IS OBTAINED.**

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

II. DESCRIPTION OF WELL AND LEASE
 Lease Name **State C** Well No. **1** Pool Name, including Formation **Saunders Permo Upper Penn** Kind of Lease **State** Lease No. **LG-474**
 Location
 Unit Letter **F**; **1980** Feet From The **North** Line and **1980** Feet From The **West**
 Line of Section **4** Township **15S** Range **33E**, NMPM, **Lea** County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
 Name of Authorized Transporter of Oil or Condensate
Navajo Crude Oil Refining Address (Give address to which approved copy of this form is to be sent)
Box 159, Artesia, NM 88210
 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 **F** Sec. **4** Twp. **15S** Rge. **33E** 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 Gas Well New Well Workover Deepen Plug Back Same Res'v. Diff. Res'v.
Re-entry
 Date Spudded **Re-entered 7/11/82** Date Compl. Ready to Prod. **9/1/82** Total Depth **10,005** P.B.T.D. _____
 Elevations (DF, RKB, RT, GR, etc.) **4219 GR** Name of Producing Formation **Permo Upper Penn** Top Oil/Gas Pay **9894** Tubing Depth **9994**
 Perforations **9894-9992** Depth Casing Shoe **10,005**
 TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
15	10 3/4	463	500
9 7/8	7 5/8	4950	2875
6 3/4	5 1/2" Liner	4831-10,005	1100
	2 7/8	9994	

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 **7/20/82** Date of Test **9/1/82** Producing Method (Flow, pump, gas lift, etc.) **Pumping**
 Length of Test **24 hrs** Tubing Pressure **10#** Casing Pressure _____ Choke Size _____
 Actual Prod. During Test _____ Oil-Bbls. **40** Water-Bbls. **40** Gas-MCF **TSTM**

GAS WELL
 Actual Prod. Test-MCF/D _____ Length of Test _____ Bbls. Condensate/MMCF _____ Gravity of Condensate _____
 Testing Method (pistol, back pr.) _____ Tubing Pressure (shot-in) _____ Casing Pressure (shot-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.

 (Signature)
Agent
 (Title)
9/9/82
 (Date)

OIL CONSERVATION DIVISION
 APPROVED **SEP 10 1982**, 19_____
 BY **Eddie W. Dean**
 TITLE **OIL & 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 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 Form C-104 must be filed for each pool in multiple completed wells.

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SEP 9 1982

C.C.D.
HOBBS OFFICE