

OIL CONSERVATION DIVISION  
P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES RECEIVED	
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FILE	
S.U.B.	
AND OFFICE	
TRANSPORTER	OIL
	NATURAL GAS
OPERATOR	
OPERATION OFFICE	
REPORT	

U.S. OPERATING, INC

Address  
1205 W LOUISIANA, MIDLAND, TEXAS 79701

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

Change of ownership give name and address of previous owner FORSTER DRILLING COMPANY MIDLAND, TEXAS

## DESCRIPTION OF WELL AND LEASE

Well Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
MAX STATE	1	NORTH LUSK MORROW	State, Federal or Fee STATE	LG-7655
Location	Unit Letter <u>G</u>	Feet From The <u>NORTH</u> Line and <u>1780</u> Feet From The <u>EAST</u>	Line of Section <u>32</u>	Township <u>18S</u> Range <u>32E</u> , NMPM, <u>LEA</u> County

## SIGNATURE OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>OCH OIL COMPANY</u>	<u>P.O. Box 3609, MIDLAND TEXAS 79702</u>
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>1 PASO NATURAL GAS COMPANY</u>	<u>P.O. Box 1492, EL PASO, TEXAS 79999</u>
Well produces oil or liquids, or location of tanks.	Unit <u>G</u> Sec. <u>32</u> Twp. <u>18S</u> Rge. <u>32E</u> Is gas actually connected? <u>YES</u> When <u>JUNE 26, 1980</u>

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

## COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Some Res'ty.	Diff. F.
		<u>X</u>	<u>X</u>					
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
<u>APR. 5, 1980</u>	<u>JUNE 25, 1980</u>	<u>12980'</u>	<u>12,979'</u>					
Drillations (DF, RKB, RT, CR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
<u>3691' GR</u>	<u>MORROW</u>	<u>12909'</u>	<u>12874'</u>					
Drillations			Depth Casing Shoe					
<u>12909' - 12950'</u>			<u>12980'</u>					

## TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17 1/2"	13 3/8"	408'	425
12 1/4"	8 5/8"	4281'	2950
7 7/8"	5 1/2"	12,980'	1200
4 3/4"	2 3/8"	12,874'	- - -

## 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 full 24 hours)

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Depth of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

## TEST WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
<u>504</u>	<u>6 1/2 hours</u>	<u>29.96</u>	<u>45.4° AT 60°F</u>
Testing Method (pistol, back pr.)	Tubing Pressure (Ehat-in)	Casing Pressure (Ehat-in)	Choke Size
<u>RIFICE METER</u>	<u>3200</u>	<u>- - - PACKER</u>	<u>10 1/6"</u>

## 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 is true and complete to the best of my knowledge and belief.

Adam Prusner  
(Signature)AGENT  
(Title)JUNE 26, 1980  
(Date)

## OIL CONSERVATION DIVISION

APPROVED JUL 7 1980BY [Signature]  
TITLE SUPERVISOR DISTRICT I

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 all wells on new and recompleted wells.

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

Separate Forms C-104 must be filed for each pool in multi-completed wells.