

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.O.S.	
LAND OFFICE	
TRANSPORTER	OIL <input type="checkbox"/> GAS <input type="checkbox"/>
OPERATOR	
PRODUCTION OFFICE	

I. OPERATOR
Operator
CAMPBELL & HEDRICK

Address
P.O. BOX 401 - MIDLAND, TEXAS 79702

Reason(s) for filing (Check proper box) Other (Please explain) effective 1-1-83
 New Well Change in Transporter of: Western Crude Oil, Inc. name changed to
 Recompletion Oil Dry Gas Getty Trading and Transportation Co.
 Change in Ownership Casinghead Gas Condensate

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name CURRY	Well No. 1	Pool Name, including Formation EUMONT YATES SEVEN RIVERS QUEEN	Kind of Lease State, Federal or Fee FEE	Lease No.
Location Unit Letter C 660' S. Feet From The NORTH Line and 3300 Feet From The EAST Line of Section 7 Township 21 S. Range 37E. NMPM, LEA County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> GETTY TRADING AND TRANSPORTATION COMPANY	Address (Give address to which approved copy of this form is to be sent) P.O. BOX 1142 - MIDLAND, TEXAS 79702
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> PHILLIPS PETROLEUM COMPANY	Address (Give address to which approved copy of this form is to be sent) BARTLESVILLE, OKLAHOMA 74003
If well produces oil or liquids, give location of tanks. Unit C Sec. 7 Twp. 21S Rge. 37E.	Is gas actually connected? 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)	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, R&B, 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

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	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/MCF	Gravity of Condensate
Testing Method (prior, 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.

JF Hedrick
(Signature)
PARTNER
(Title)
JANUARY 12, 1983
(Date)

OIL CONSERVATION DIVISION
APPROVED **JAN 17 1983**, 19____
BY _____
TITLE _____

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 allowables 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.

RECEIVED

JAN 14 1963

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