

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

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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DISTRIBUTION	
SANTA FE FILE	
U.S.O.S.	
LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
REGISTRATION OFFICE	

REGISTRATION OFFICE Operator
D A & S Oil Well Servicing, Inc.

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

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

New Well Change in Transporter of: Oil Dry Gas
 Recompletion Casinghead Gas Condensate
 Change in Ownership

If change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE *East Sioux Tansill Yates gas R-6169 NM-14502*

Lease Name Federal "B"	Well No. 1	Pool Name, including Formation Undesignated-Tansill	Kind of Lease State, Federal or Fee Federal	Lease to above
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Location
Unit Letter **B** **660** Feet From The **North** Line and **1980** Feet From The **East**
Line of Section **10** Township **26S** Range **36E** , N.M.P.M., **Lea** County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
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)
El Paso Natural Gas Company	P. O. Box 1492, El Paso, Texas 79978
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
	Yes 5/15/79

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 <input type="checkbox"/>	Gas Well <input checked="" type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Some Yes, Some No <input type="checkbox"/>	Diff. Flow <input type="checkbox"/>
Date Spudded 1/28/79	Date Compl. Ready to Prod. 3/29/79	Total Depth 3600	P.E.T.D. 3243					
Elevations (DF, RKB, RT, GR, etc.) 2973 KB	Name of Producing Formation Tansill	Top Oil/Gas Pay 3151	Tubing Depth 3214					
Perforations 3151-3222	Depth Casing Shoe 3598							

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4	8 5/8	1382	650
7 7/8	5 1/2	3598	650
	2 3/8	3214	

TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of lost oil and must be equal to or exceed top of 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
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.
		Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D 135	Length of Test 24 hrs	Bbls. Condensate/MMCF None	Gravity of Condensate
Testing Method (prior, back pr.) Orifice Well Tester	Tubing Pressure (shut-in) 680	Casing Pressure (shut-in) Packer	Choke Size 1/2"

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.

Wanda Hollis
Agent

May 16, 1979

OIL CONSERVATION DIVISION
APPROVED **MAY 24 1979**
BY *[Signature]*
TITLE **SUPERVISOR DISTRICT 4**

This form is to be filed in compliance with rule 10.1.1.1. If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviate tests taken on the well in accordance with rule 10.1.1.1. 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 conditions. Separate Form C-104 must be filed for each pool to multiply tested wells.