

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.B.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

Operator Carter Foundation Production Company	
Address P. O. Box 900, Kermit, Texas 79745	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
GAS MUST NOT BE EXEMPTED FROM OIL AND GAS IN OBTAINED FROM U.S.G.S.	

If change of ownership give name  
and address of previous owner \_\_\_\_\_

DESCRIPTION OF WELL AND LEASE

Lease Name G. H. Mattix <del>Federal</del>	Well No. 7	Pool Name, Including Formation Langlie-Mattix 7-Rivers Queen	Kind of Lease State, Federal or Federal LC	Lease No. 032339(a)
Location Unit Letter <u>K</u> ; <u>1980</u> Feet From The <u>South</u> Line and <u>1980</u> Feet From The <u>West</u> Line of Section <u>3</u> Township <u>24-South</u> Range <u>37-East</u> , NMPM, <u>Lea</u> County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Texas-New Mexico Pipe Line Company	Address (Give address to which approved copy of this form is to be sent) Box 52332-Houston, Texas 77052	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> None	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 J	Sec. 3
	Twp. 24S	Rge. 37E
	Is gas actually connected? No	
	When	

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 checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded 10-8-81	Date Compl. Ready to Prod. 11-10-81		Total Depth 3730'		P.B.T.D.			
Elevations (DF, R&B, RT, GR, etc.) 3248.6' GR	Name of Producing Formation Queen		Top Oil/Gas Pay 3474'		Tubing Depth 3638'			
Perforations 3474', 78', 82', 86', 89', 92', 95', 98', 3506', 11', 14', 17', 20', 24', 27', 30', 38', 41', 44', 47', 50', 53', 62', 65', 68', 72', 76', 80', 95', 99', 3602', 17', 20', 23', 35', 38'		(36 Intervals, 72 Holes)		TUBING, CASING, AND CEMENTING RECORD				
HOLE SIZE 12-1/4"	CASING & TUBING SIZE 8-5/8"		DEPTH SET 507'		SACKS CEMENT 360			
7-7/8"	5-1/2"		3722'		900			
	2-3/8"-Tbg.		3638'					

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 11-10-81	Date of Test 11-13-81	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 Hours	Tubing Pressure 36	Casing Pressure 40	Choke Size 2"
Actual Prod. During Test 31.6	Oil-Bbls. 11.6	Water-Bbls. 20	Gas-MCF TSTM

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (prior, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

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.

Robert D. Lilling  
(Signature)  
Agent  
(Title)  
11-16-81  
(Date)

OIL CONSERVATION DIVISION

APPROVED NOV 20 1981, 19

BY Jerry Houston Orig. Signed by  
TITLE Dist. L. Sup.

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

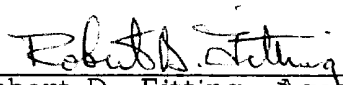
DEVIATION SURVEY  
CARTER FOUNDATION PRODUCTION COMPANY  
G. H. MATTIX FEDERAL  
WELL #7  
LANGLIE-MATTIX SEVEN-RIVERS (QUEEN) FIELD  
1980' FSL & 1980' FWL Section 3, T-24S, R-37E  
Lea County, New Mexico

<u>Measured Depth</u>	<u>Deviation</u>	<u>Footage</u>
499'	1-1/2°	499'
994'	3/4°	495'
1487'	1°	493'
1987'	1°	500'
2485'	1°	498'
2907'	1-1/4°	422'
3398'	3/4°	491'
3722'	3/4°	324'

CERTIFICATION

STATE OF TEXAS       X  
                              X  
COUNTY OF MIDLAND   X

I hereby certify that I have personally assembled the data and facts placed on this form and such information given above is true and correct to the best of my knowledge.

  
\_\_\_\_\_  
Robert D. Fitting, Agent

Subscribed and sworn to before me, this 16th day of  
November, 1981.

  
\_\_\_\_\_  
Notary Public