

OIL CONSERVATION DIVISION

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

**REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS**

I.

Operator National Coop. Refinery Assoc.	Well API No.
Address 415 W. Wall, Suite 2215, Midland, Texas 79701	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input checked="" type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
If change of operator give name and address of previous operator _____	

II. DESCRIPTION OF WELL AND LEASE

Lease Name Federal 11-20-34	Well No. 2	Pool Name, Including Formation Lea (Bone Spring)	Kind of Lease State , Federal Lease	Lease No. NM-0631
Location Unit Letter <u>N</u> : <u>2080</u> Feet From The <u>West</u> Line and <u>760</u> Feet From The <u>South</u> Line Section <u>11</u> Township <u>20-S</u> Range <u>34-E</u> , <u>NMPM</u> , 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"/> Texas-New Mexico Pipeline Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 2528, Hobbs, New Mexico 88240
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Phillips 66 Natural Gas Company	Address (Give address to which approved copy of this form is to be sent) 4001 Penbrook, Odessa, Texas 79762
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When ? F 11 20-S 34-E No -

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 <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input checked="" type="checkbox"/>	Same Res'v <input type="checkbox"/>	Diff Res'v <input checked="" type="checkbox"/>
Date Spudded -	Date Compl. Ready to Prod. 3-21-89	Total Depth 13275'	P.B.T.D. 10265'					
Elevations (DF, RKB, RT, GR, etc.) 3656' DF 3644' GL	Name of Producing Formation Bone Spring	Top Oil/Gas Pay 9556'	Tubing Depth 10180.25'					
Perforations 10136'-10144'; 10121'-10126'; 9846'-9858'; 9556'-9590'; 9590'-9598'					Depth Casing Shoe -			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
17 1/2"	13 3/8"	832'	800 sx					
12 1/4"	8 5/8"	5105'	1100 sx					
7 7/8"	4 1/2"	13274'	1010 sx					
-	*2 1/16" & 2 3/8"	*11,000' & 10180.25'	-					

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 Tank 3-21-89	Date of Test 3-22-89	Producing Method (Flow, pump, gas lift, etc.) RWBC 2 X 1 1/4" Pump
Length of Test 24 hrs	Tubing Pressure 80	Casing Pressure 80
Actual Prod. During Test 165 BO	Oil - Bbls. 165	Water - Bbls. 45
		Gas - MCF 349

GAS WELL

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

VI. OPERATOR 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 Carrie Baze
Printed Name Carrie Baze - Production Clerk
Date 4-3-89
Telephone No. 915/683-2734

OIL CONSERVATION DIVISION

APR 5 1989

Date Approved _____

By ORIGINAL SIGNED BY JERRY SEXTON

DISTRICT I SUPERVISOR

Title _____

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.

Jerry Sexton, District I Supervisor