

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

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

OIL CONSERVATION DIVISION

P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

Operator <b>BILL FENN, INC.</b>	Well API No. <b>30-025-30519</b>
Address <b>P. O. DRAWER 569, GIDDINGS, TEXAS 78942</b>	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Recompletion <input type="checkbox"/>	Approval to flare casinghead gas from this well must be obtained from the BUREAU OF LAND MANAGEMENT (BLM)
Change in Operator <input type="checkbox"/>	
If change of operator give name and address of previous operator	

I. DESCRIPTION OF WELL AND LEASE

Lease Name <b>POWELL FEDERAL</b>	Well No. <b>1</b>	Pool Name, Including Formation <b>Wildcat Swail Ridge Dela</b>	Kind of Lease State, Federal or Lee	Lease No. <b>LC-064194</b>
Location Unit Letter <b>P</b> : <b>660</b> Feet From The <b>S</b> Line and <b>660</b> Feet From The <b>E</b> Line Section <b>4</b> Township <b>20 South</b> Range <b>34 East</b> , NMPM, <b>LEA</b> County				

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <b>KOCH OIL CO.</b>	Address (Give address to which approved copy of this form is to be sent) <b>P. O. BOX 1558, BRECKENRIDGE, TX 76024</b>
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	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   Sec.   Twp.   Rge.   Is gas actually connected?   When ?
	<b>P   4   20S   34E</b>
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 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 <b>12/4/88</b>	Date Compl. Ready to Prod. <b>1/18/89</b>	Total Depth <b>6,247</b>	P.B.L.D. <b>6,206</b>
Elevations (DF, RKB, RT, GR, etc.) <b>3642.0 RKB</b>	Name of Producing Formation <b>DELAWARE</b>	Top Oil/Gas Pay <b>5658</b>	Tubing Depth <b>5,716</b>
Perforations <b>5658-5674</b>			Depth Casing Shoe <b>6,245.70</b>
TUBING, CASING AND CEMENTING RECORD			
HOLE SIZE <b>17 1/4</b> <b>12 1/4 &amp; 11"</b> <b>7 7/8</b>	CASING & TUBING SIZE <b>13 3/8</b> <b>8 5/8</b> <b>5 1/2</b> <b>2 3/8</b>	DEPTH SET <b>404.88</b> <b>4999.20</b> <b>6245.70</b> <b>5716.63</b>	SACKS CEMENT <b>425</b> <b>2375</b> <b>425</b>

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 <b>1/19/89</b>	Date of Test <b>1/21/89</b>	Producing Method (Flow, pump, gas lift, etc.) <b>PUMP</b>	
Length of Test <b>24 HR.</b>	Tubing Pressure <b>20</b>	Casing Pressure <b>20</b>	Choke Size <b>OPEN</b>
Actual Prod. During Test <b>SAME</b>	Oil - Bbls. <b>112</b>	Water - Bbls. <b>29</b>	Gas - MCF <b>50 MCF</b>

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, 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 **Danny Brown**  
Printed Name **DANNY BROWN**  
Date **1/23/89**  
Title **OPERATIONS MANAGER**  
(409) 542-9631  
Telephone No.

OIL CONSERVATION DIVISION

**JAN 30 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.

18-101

RECEIVED  
COMMUNICATIONS SECTION

RECEIVED

JAN 30 1989

OCD  
MOBILE OFFICE