

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

DISTRICT OFFICE	
COUNTY	
TOWNSHIP	
SECTION	
LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
REGULATION OFFICE	

Operator Duff Oil Corporation
 Address P O Box 670, Hobbs, NM 88240
 Reason(s) for filing (Check proper box)
 New Well Change in Transporter of Oil Other (Please explain) Change Lease Name and Well Number effective 2-1-85
 Recombination Oil Dry Gas Arnett Pansay (NCTO) No. 9
 Change in Ownership Condensate

DESCRIPTION OF WELL AND LEASE
 Lease Name Lucie Well No. 437 Well Name, including formation Lucie Monument Kind of Lease Lease Lease No.
 Location Lucie Monument well State, Federal or Free Lea
 Unit Letter A ; 660 Feet From The North Line and 660 Feet From The East Line of Section 21 Township 21-S Range 36-E , Lea County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
 Name of Authorized Transporter of Oil or Condensate Shell Pipe Line Company Address (Give address to which approved copy of this form is to be sent) Box 1910 Midland TX 79701
 Name of Authorized Transporter of Condensate Gas or Dry Gas Phillips Petroleum Company Address (Give address to which approved copy of this form is to be sent) 4001 Centbrook Odessa TX 79701
 If well produces oil or liquids, give location of tanks. Unit F 21 21S 36E 74a Is gas actually connected? Yes When Unknown

COMPLETION DATA
 Designate Type of Completion -- (X)
 Oil Well Gas Well New Well Workover Deepen Plug back Sure Resist. Perf. Resist.
 Date Spudded Date Compl. Ready to Prod. Total Depth P.D.T.D.
 Elevations (DF, RKB, RT, CR, etc.) Name of Producing Formation Top Oil/Gas Pay Tubing Depth
 Perforations Depth Casing Shoe

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

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 allowable for this depth or be for full 24 hours)
 Date First New Oil Ran 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-Units Water-Units Gas-MCF

GAS WELL
 Actual Prod. Test-MCF/D Length of Test Units Condensate/MCF Gravity of Condensate
 Testing Method (flow, 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 Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.
R D Pate
 (Signature)
 AREA ENGINEER
 (Title)
 1-21-85
 (Date)

OIL CONSERVATION COMMISSION
 APPROVED MAR 14 1985, 19
 BY JERRY SIXTON
 TITLE DISTRICT I SUPERVISOR
 ORIGINAL SIGNED BY JERRY SIXTON
 DISTRICT I SUPERVISOR
 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 deviate 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 change of lease well name or number, or transporter, or other such change of title.