

OIL CONSERVATION DIVISION  
P. O. BOX 2080  
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.D.S.	
LAND OFFICE	
TRANSPORTER	
OPERATOR	
PRODUCTION OFFICE	

Operator: Brazos Petroleum Company

Address: P.O. Box 1782 - Midland, Texas 79702

Reason(s) for filing (Check proper box):  
 New Well  Change in Transporter of:  
 Oil  Dry Gas   
 Recompletion  Casinghead Gas  Condensate   
 Change in Ownership

Other (Please explain): **GAS MUST NOT BE OBTAINED FROM 2/1/82**

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

DESCRIPTION OF WELL AND LEASE

Lease Name Kringel Federal	Well No. 1	Pool Name, including Formation Sawyer (San Andres)	Kind of Lease State, Federal or Fee Federal	Lease No. LC-063623
Location Unit Letter <u>A</u> : <u>660</u> Feet From The <u>North</u> Line and <u>660</u> Feet From The <u>East</u> Line of Section <u>31</u> Township <u>9-S</u> Range <u>38-E</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"/> The Permian Corporation	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1183 - Houston, Texas 77001
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Warren Petroleum Company	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1589 - Tulsa, OK. 74102
If well produces oil or liquids, give location of tanks. Unit <u>A</u> Sec. <u>31</u> Twp. <u>9-S</u> Rge. <u>38-E</u>	Is gas actually connected? <u>No</u> 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. Diff. Res'v. <input type="checkbox"/>
Date Spudded 9-29-81	Date Compl. Ready to Prod. 11-22-81	Total Depth 5020'	P.B.T.D. 5001'				
Elevations (DF, RKB, RT, GR, etc.) 3934.0 GR	Name of Producing Formation San Andres	Top Oil/Gas Pay 4911'	Tubing Depth 4992'				
Perforations 4911' - 4969'			Depth Casing Shoe 5020'				

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4"	24#	427'	300 SX
7 7/8"	10.5#	5020'	1150 SX

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 Tanks 11-23-81	Date of Test 12-21-81	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 Hrs	Tubing Pressure 0	Casing Pressure 0	Choke Size 2"
Actual Prod. During Test	Oil - Bbls. 5	Water - Bbls. 4	Gas - MCF 10

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.

Candy Carr  
(Signature)  
Production Secretary  
12-28-81  
(Date)

OIL CONSERVATION DIVISION

APPROVED 1022, 1981

BY Les Clements  
Oil & Gas Insp.

TITLE \_\_\_\_\_

This form is to be filed in compliance with RULE 115. 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 changes of owner, well name or number, or transporter, or other such change of condition. Separate Form C-104 must be filed for each pool in multiple well.