

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 REQUIRED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.	
LAND OFFICE	
TRANSPORTER	OIL
	NATURAL GAS
OPERATOR	
FORMATION OFFICE	
Operator	

Herndon Oil & Gas Company

Address  
P. O. Box 489, Tulsa, Oklahoma 74101

Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	Temporary allowable to move 500 bbls. of oil from frac tank.
Recompletion <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	
Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>O. A. Woody</b>	Well No. <b>1</b>	Pool Name, Including Formation <b>Knowles Devonian</b>	Kind of Lease State, Federal or Fee <b>Fee</b>	Lease No. <b>--</b>
Location Unit Letter <b>E</b> ; <b>2310</b> Feet From The <b>north</b> Line and <b>330</b> Feet From The <b>west</b>				
Line of Section <b>35</b> Township <b>16S</b> Range <b>38E</b> , NNPM, <b>Lea</b> 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"/> <b>Basin, Inc.</b>	Address (Give address to which approved copy of this form is to be sent) <b>P. O. Box 2297, Midland, Texas 79702</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>no</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 Rest'v. <input type="checkbox"/>	Diff. Rest'v. <input type="checkbox"/>
Date Spudded <b>7-11-79</b>	Date Compl. Ready to Prod. <b>testing</b>	Total Depth <b>12,428'</b>	P.B.T.D. <b>12,428'</b>					
Elevations (DF, KKB, RT, GR, etc.) <b>3694' G.L. - 3710' K.B.</b>	Name of Producing Formation <b>Devonian</b>	Top Oil/Gas Pay <b>12,408'</b>	Tubing Depth <b>12,374'</b>					
Perforations <b>O. H. 12,408' - 12,428'</b>						Depth Casing Shoe <b>12,408'</b>		

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17"	13-3/8", 48# csg.	370'	400
11"	8-5/8", 32# csg.	4805'	1200
7-7/8"	5-1/2", 17 & 20# csg.	12,408'	1000

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 oil available for this depth or be for full 24 hours)

Date First New Oil Run 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 - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (pilot, 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.

*Michael J. De Marco*  
(Signature)

Consulting Engineer

9/21/79  
(Date)

OIL CONSERVATION DIVISION

APPROVED **SEP 24 1979**, 19\_\_\_\_  
BY *[Signature]*  
TITLE **SUPERVISOR DISTRICT 1**

This form is to be filed in compliance with RULE 1103.  
If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviated logs 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.  
File out only Sections I, II, III, and VI for changes of own well name or number, or transporter or other such change of conditions. Separate Form C-104 must be filed for each pool in multiple completed wells.