

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 RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.U.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

**I. OPERATOR**

Operator  
Kennedy & Mitchell, Inc.

Address  
P. O. Box 27D, Denver, CO 80227

Reason(s) for filing (Check proper box)

New Well	<input type="checkbox"/>	Change in Transporter of:		
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>	Dry Gas <input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input checked="" type="checkbox"/>	Condensate <input type="checkbox"/>

Other (Please explain)  
Addition of the Cashinghead Gas purchaser --not previously shown

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

**II. DESCRIPTION OF WELL AND LEASE**

Lease Name Eidson #56-959	Well No. 1	Pool Name, including Formation N. Shoebar - Devonian	Kind of Lease State, Federal or Fee	fee	Lease NA
Location Unit Letter <u>C</u> ; <u>990</u> Feet From The <u>North</u> Line and <u>2310</u> Feet From The <u>West</u>					
Line of Section <u>15</u> Township <u>16S</u> Range <u>35E</u> , NMPM, Lea Cour					

**III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS**

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> UPG, Inc.	Address (Give address to which approved copy of this form is to be sent) Three River Way, Suite 950, Houston, TX 77056				
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Tipperary Corporation	Address (Give address to which approved copy of this form is to be sent) P. O. Box 3179, Midland, TX 79702-3179				
If well produces oil or liquids, give location of tanks. Temp	Unit C	Sec. 15	Twp. 16S	Rge. 35E	Is gas actually connected? When Yes 11/12/84

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	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. R	
Date Spudded 3/18/84	Date Compl. Ready to Prod. 8/18/84	Total Depth 16,660'	P.B.T.D. 12,612'						
Elevations (DF, RAB, RT, GR, etc.) 3994' GL	Name of Producing Formation Devonian	Top Oil/Gas Pay 12,449'	Tubing Depth 8011'						
Perforations 12,499; 12,501; 12,502; 12,504; 12,508; 12,511; 12,513; 12,514; 12,535; 12,536; 12,538; 12,540; 12,541; 12,543; 12,546; 15 holes total						Depth Casing Shoe			
1/2" jets									
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
17 1/2"	13-3/8"		405'		400 sks				
12 1/4"	9-5/8"		4750'		1600 sks				
7-7/8"	5-1/2"		12,660'		1000 sks bottom stage 1000 sks in DV @ 8749				

**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 of well 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		

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

**VI. 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.

Richard E. Fromm  
(Signature)  
Richard E. Fromm, Petroleum Engineer  
(Title)  
11/13/84  
(Date)

OIL CONSERVATION DIVISION  
NOV 19 1984  
APPROVED \_\_\_\_\_, 19\_\_\_\_  
BY Richard E. Fromm  
DISTRICT SUPERVISOR  
TITLE \_\_\_\_\_

This form is to be filed in compliance with RULE 1104.  
If this is a request for allowable for a newly drilled or deep well, this form must be accompanied by a tabulation of the dev tests taken on the well in accordance with RULE 111.  
All sections of this form must be filled out completely for a well on new and recompleted wells.  
Fill out only Sections I, II, III, and VI for changes of well name or number, or transporter, or other such change of conditions.  
Separate Forms C-104 must be filed for each pool in mult completed wells.

RECEIVED

NOV 16 1984

REC'D  
POLICE OFFICE