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| TRANSPORTER | OIL <input type="checkbox"/> |
| | GAS <input type="checkbox"/> |
| OPERATOR | |
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NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

RECEIVED
SEP 20 1984
O. C. D.
ARTESIA, OFFICE

Operator
W. A. Moncrief, Jr. ✓

Address
400 Metro Bldg., Midland, Texas 79701

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

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

| | | | | |
|---|---------------|--|---|-----------------------|
| Lease Name Guadalupe Federal | Well No. 1 | Pool Name, including Formation Baldrige Canyon Morrow | Kind of Lease State, Federal or Fee Federal | Lease No. NM 29203 |
| Location Unit Letter <u>H</u> ; <u>1907</u> Feet From The <u>north</u> Line and <u>553</u> Feet From The <u>east</u> | | | | |
| Line of Section <u>22</u> Township <u>24S</u> Range <u>24E</u> , NMPM, <u>Eddy</u> County | | | | |

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

| | | | | | | |
|---|---|------------|-------------|-------------|--------------------------------------|----------------------|
| Name of Authorized Transporter of Oil <input 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 type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> Not known at this time EPN | 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 H | Sec. 22 | Twp. 24S | Rge. 24E | is gas actually connected? NO YES | When ASAP 9-15-92 |

If this production is commingled with that from any other lease or pool, give commingling order number:

V. COMPLETION DATA

| | | | | | | | | |
|--|---------------------------------------|--|--|-----------------------------------|---------------------------------|------------------------------------|--------------------------------------|---------------------------------------|
| Designate Type of Completion - (X) | Oil Well <input type="checkbox"/> | Gas Well <input checked="" 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 6-11-84 | Date Compl. Ready to Prod. 8-23-84 | | Total Depth 12,010' driller 12,006' Gearhart | | P.B.T.D. 10,985' | | | |
| Elevations (DF, RKB, RT, GR, etc.) 4643 Gd, 4660.5 K.B. | Name of Producing Formation Morrow | | Top Oil/Gas Pay 10,906' | | Tubing Depth 10,877' | | | |
| Perforations 10,909'-10,913' - Morrow sand | | | | | Depth Casing Shoe 11,022' | | | |
| TUBING, CASING, AND CEMENTING RECORD | | | | | | | | |
| HOLE SIZE | CASING & TUBING SIZE | | DEPTH SET | | SACKS CEMENT | | | |
| 17 1/2" | 13 3/8" | | 418' | | 1485 sax | | | |
| 11 1/2" | 8 5/8" | | 2999' | | 1700 sax | | | |
| 7 7/8" | 4 1/2" | | 11,022' | | 400 sax | | | |
| 4 1/2" | 2 3/8" | | 10,877' | | | | | |

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 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

| | | | |
|----------------------------------|---------------------------|---------------------------|------------------------|
| Method From Test (MCF/D) | 24 hrs | Bbls. Oil - MCF | Quantity of Condensate |
| 770 MCF/GPD | 24 hrs | 0 | NA |
| Testing Method (pilot, back pr.) | Tubing Pressure (Shut-in) | Casing Pressure (Shut-in) | Choke Size |
| Flowing to atmosphere | 930# | Packer | 12/64" |

CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the New Mexico Oil Conservation Commission have been complied with and that the information herein above is true and complete to the best of my knowledge and belief.

Operator

OIL CONSERVATION COMMISSION

APPROVED **SEP 23 1992**

BY **MIKE WILLIAMS**
SUPERVISOR, DISTRICT II

This form is to be filed in compliance with RULE 1104.
If this is a request for allowable for a newly drilled or reworked well, this form must be accompanied by a tabulation of the down hole tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for flowable on a new and recompleted wells.
Only Sections I, II, III, and VI of this form are to be filed.