

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.O.B.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

Operator
Tom R. Minihan

Address

P.O. Box 4364

Midland, TX. 79704

Reason(s) for filing (Check proper box)

New Well ☐Recompletion ☒Change in Ownership ☐

Change in Transporter of:

Oil ☒Dry Gas ☐Casinghead Gas ☐Condensate ☐

Other (Please explain)

CASINGHEAD GAS MUST NOT BE
FLARED AFTER 11/14/84
UNLESS AN EXCEPTION TO R-4076
IS OBTAINED.If change of ownership give name
and address of previous owner

THIS WELL HAS BEEN PLACED IN THE POOL

DESIGNATED BELOW. IF YOU DO NOT CONCUR
NOTIFY THIS OFFICE.

R-7437 (3-1-84)

II. DESCRIPTION OF WELL AND LEASE

Lease Name Santa Fe "D"	Well No. 1	Pool Name, Including Formation Crossroads La	Kind of Lease State, Federal or Fee	Lease No.
Location Unit Letter C : 660 Feet From The north Line and 1980 Feet From The west Line of Section 29 Township 9S Range 36E, NMPM, Lea 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"/> Koch Oil Company of Texas Inc.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1558 Breckenridge, TX 67024					
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 C	Sec. 29	Twp. 9S	Rge. 36E	Is gas actually connected? No	When

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 type="checkbox"/>	Workover <input checked="" type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Resrv. <input type="checkbox"/>	Diff. Resrv. <input checked="" type="checkbox"/>
Date Spudded	Date Compl. Ready to Prod.		Total Depth 9635'		P.B.T.D. 4904'			
Elevations (DF, R&B, RT, GR, etc.)	Name of Producing Formation San Andres		Top Oil/Gas Pay 4820'		Tubing Depth 4810 SN 4798'			
Perforations 4820' - 4864'	10 shots				Depth Casing Shoe 9632'			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17"	13 3/8	365	400 circ.
12 3/4"	8 1/8	4190	5497 circ.
7 7/8	5 1/2 liner	9632	920

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 11/14/83	Date of Test 11/13/83	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hrs.	Tubing Pressure 0	Casing Pressure 0	Choke Size 0
Actual Prod. During Test 183	Oil-Bbls. 18	Water-Bbls. 165	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-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.

(Signature)

Owner & Operator

(Title)

11/14/83

(Date)

OIL CONSERVATION DIVISION

NOV 28 1983

APPROVED

BY ORIGINAL SIGNED BY JERRY SEXTON

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 deepened well, this form must be accompanied by a tabulation of the deviation 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 to which this form applies.