

OIL CONSERVATION DIVISION

P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

1.	Operator Bison Petroleum Corporation
	Address 5809 S. Western Suite 200 Amarillo, Texas 79110-3607
	Reason(s) for filing (Check proper box)
	New Well <input type="checkbox"/>
	Recompletion <input type="checkbox"/>
	Change in Ownership <input checked="" type="checkbox"/>
	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
	Other (Please explain) Effective November 1, 1986

If change of ownership give name and address of previous owner Mobil Producing TX & N.M. Inc. 9 Greenway Plaza #2700 Houston, TX 7704

II. DESCRIPTION OF WELL AND LEASE

Lease Name McCormick Federal	Well No. 1	Pool Name, including Formation Sawyer San Andres <i>Cisne</i>	Kind of Lease State, Federal or Fee Federal	Lease No. LC-0677
Location Unit Letter <u>E</u> ; <u>660</u> Feet From The <u>West</u> Line and <u>1980</u> Feet From The <u>North</u> Line of Section <u>29</u> Township <u>9S</u> Range <u>38E</u> , 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"/> JM Petroleum Corporation 2000 N. Tower, Plaza of the Americas, Dallas, TX 75201	Address (Give address to which approved copy of this form is to be sent)					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Cities Service Company	Address (Give address to which approved copy of this form is to be sent) Box 300 Tulsa, OK 74102					
If well produces oil or liquids, give location of tanks.	Unit E	Sec. 29	Twp. 9S	Rge. 38E	Is gas actually connected? Yes	When 8/1/66

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Re.
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
Perforations						Depth Casing Shoe		

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

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 all able 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/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]*  
Administrative Secretary  
(Title)  
November 4, 1986  
(Date)

OIL CONSERVATION DIVISION

APPROVED NOV 10 1986, 19  
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 deepen well, this form must be accompanied by a tabulation of the deviatl tests taken on the well in accordance with RULE 111.  
All sections of this form must be filled out completely for allo able on new and recompleted wells.  
Fill out only Sections I, II, III, and VI for changes of owne well name or number, or transporter, or other such change of conditio.  
Separate Forms C-104 must be filed for each pool in multip.