

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator

GEODYNE OPERATING COMPANY

Well API No. 30-025-21889
30-035-32889

Address

320 S BOSTON AVE MEZZ TULSA OK 74103-3708

Reason(s) for Filing (Check proper box)

New Well ☐

Recompletion ☐

Change in Operator ☐

Change in Transporter of:

Oil ☐

☒ Dry Gas ☐

Gashead Gas ☐

Condensate ☐

EFFECTIVE JANUARY 1, 1993

If change of operator give name
and address of previous operator

II. DESCRIPTION OF WELL AND LEASE

Lease Name

BAGLEY STATE

Well No.

I

Pool Name, including Formation

BAGLEY PERMO PENN, NORTH

Kind of Lease

State, Federal or Fee

Lease No.

K-2604

Location

Unit Letter

H

660

Feet From The EAST

Line and

1980

Feet From The

NORTH

Line

Section

16

Town

11S

Range

33E

NMPM

LEA

County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil

AMOCO PIPELINE

or Condensate ☐

Address (Give address to which approved copy of this form is to be sent)

502 NW AVENUE LEVELAND TX 79336

Name of Authorized Transporter of Gas

WARREN PETROLEUM COMPANY

☒

or Dry Gas ☐

Address (Give address to which approved copy of this form is to be sent)

P O BOX 1589 TULSA OK 74101

If well produces oil or liquids,
give location of tanks.

Unit

H

Sec.

16

Twp.

11S

Rge.

33E

Is gas actually connected?

YES

When?

JANUARY, 1967

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 Res'v
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 allowable for this depth or be for full 24 hours.)

Date First New Oil Run To Tank	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 (prior, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. OPERATOR 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

BARBARA LEE - REGULATORY ANALYST

Printed Name

01/18/93

Date

(918) 583-5525

Telephone No.

OIL CONSERVATION DIVISION

Date Approved

By

Title

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.