Submit 5 Copies Appropriate District Office <u>DISTRICT I</u> P.O. Box 1980, Hobbs, NM 88240

DISTRICT II P.O. Drawer DD, Artesia, NM 88210

DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410

v, Minerais and Natural Resources Departmen Er

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

Revised 1-1-89 See Instructions at Bottom of Page

REQUEST FOR ALLOWABLE AND AUTHOR	IZATION
TO TRANSPORT OIL AND NATURAL G	iAS

Ι.	T	<u>O TRAN</u>	ISPOF	AT OIL	AND NA	TURAL G		A DI Ala		
O perator Geodyne Operatin	Geodyne Operating Company					Well API No. 30-025-21928				
Address 320 South Boston	- The M	iezzani	ine, T	lulsa	. OK 741	03				
Reason(s) for Filing (Check proper box) New Well Recompletion Change in Operator	(Oil Casinghead	Change in T	'ransporter Dry Gas Condensate		Ouh	et (Please explo				
change of operator give name Nat:	ional Co	oop. Re	efiner	y Ass	soc., 41	5 W. Wal	1, Suit	e 2215,	Midland	, TX 797
I. DESCRIPTION OF WELL . Lease Name Bagley State		SE Well No. F 2			ng Formation Permo Pe	nn, Nort		of Lease Record XXXPE	[ease No. (-2604
Location Unit LetterB	_:766	5F	Feet From	The No.	orth Lin	and <u>187</u>	'7 Fe	et From The	East	Line
Section 16 Townshi	, 11-S		Range	33-1	E, N	MPM,			Lea	County
II. DESIGNATION OF TRAN Name of Authorized Transporter of Oil		or Condensa	ate	NATU	Address (Gin	e address to w				
Texaco Trading & Transportation, Inc. Name of Authonized Transporter of Casinghead Gas X or Dry Gas Warren Petroleum Company					P. O. Box 5568, Denver, Colorado 80217 Address (Give address to which approved copy of this form is to be sent) P. O. Box 1589, Tulsa, Oklahoma 74101					
If well produces oil or liquids, give location of tanks.	Unit : B	Sec. 1 16	Twp.	Rge. 33E	ls gas actuali Y	y connected? es	When		uary 196	57
f this production is commingled with that in the second se	from any othe	r lease or po	ool, give c	omming	ing order num	ber:		· · · · · · · · · · · · · · · · · · ·	-	
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				L			Depth Casi	Depth Casing Shoe		
	TUBING, CASING AND									
	CASING & TUBING SIZE			=		DEPTH SET		SACKS CEMENT		
·								<u> </u>		
V. TEST DATA AND REQUES						·····				
OIL WELL (Test must be after n Date First New Oil Run To Tank	Date of Test		loga ou c			exceed lop all ethod (Flow, pa			jor juli 24 hou	rs.)
Length of Test	Tubing Press	iline			Casing Press			Choke Size		
Actual Prod. During Test	Oil - Bbls.			Water - Bbis.			Gas- MCF			
GAS WELL	L	<u> </u>	<u></u>					<u> </u>		<u> </u>
Actual Prod. Test - MCF/D	Length of Te	ul.			Bbis. Conden	mie/MMCF		Gravity of (Condensate	
Festing Method (pilot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size		
VI. OPERATOR CERTIFIC I hereby certify that the rules and regul Division have been complied with and is true and complete to the best of my f Signature S. R. HASH Division Marco	ations of the C that the inform knowledge and	Di Conserva nation given i belief. OPERAT	above	Έ	Date	DIL CON Approve	d	JAN	14'92	
Printed Name 12/16/91 Dute	(918)	583-5	Title 525 hone No.		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 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.