

## 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 SITES RECEIVING	
DISTRIBUTION	
SANTA FE	
FILE	
REG. NO.	
LAND OFFICE	
TRANSPORTER	OIL
OPERATOR	GAS
FORMATION OFFICE	
Operator	

Equitable Petroleum Corporation

Address

P.O. Box 8407 Metairie, La. 70011

Reason(s) for filing (Check proper box)

New Well	<input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

Other (Please explain)

GAS MUST NOT BE  
FLAMED OFF  
UNLESS AN EXCEPTION TO R-4070  
IS OBTAINED.If change of ownership give name  
and address of previous ownerTHIS WELL HAS BEEN PLACED IN THE POOL  
OF THE MASON EXT. (DELAWARE)  
AND IS NOT TO BE COMINGLED

## DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Exxon Federal	1	Mason Ext. (Delaware)	State, Federal or Fee Federal	NM-19447
Location				
Unit Letter	660	Feet From The South Line and	660	Feet From The East
Line of Section	8	Township	26S	Range
			32E	NMPM, Lea County

## DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Basin, Inc.	P.O. Box 2297 Midland, Texas 79702					
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	Sec.	Twp.	Rge.	Is gas actually connected?	When
	8	26S	32E		No	

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

## COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
	X		X					
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
6-18-81	8-28-81	4444	4444					
Elevations (DF, RAB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
3201 (DF); 3193 (GR)	Delaware	4438	4348					
Perforations			Depth Casing Shoe					
Open Hole 4399-4444			4399					

## TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/2"	8 5/8"	582'	400
7 7/8"	4 1/2"	4399'	50
	2 3/8"	4348'	

## TEST DATA AND REQUEST FOR ALLOWABLE (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)

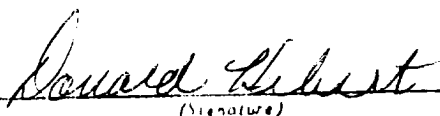
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
8-28-81	8-28-81	Flowing	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
6 hours	545#	1080#	12/64
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
6	24	0	68

## GAS WELL

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

## 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.



Drilling and Production Manager

(Title)

10-1-81

(Date)

Phone 504/831-0381

## OIL CONSERVATION DIVISION

APPROVED \_\_\_\_\_, 19\_\_\_\_

BY \_\_\_\_\_

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 in multiply completed wells.