

OIL CONSERVATION DIVISION **RECEIVED**

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

JUL 2 1979

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

**O. C. C.
ARTESIA, OFFICE**

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Operator

Rapid Company, Inc. ✓

Address

c/o Oil Reports & Gas Services, Inc., Box 763, Hobbs, New Mexico 88240

Reason(s) for filing (Check proper box)

New Well ☐

Recompletion ☐

Change In Ownership ☒

Change In Transporter of:

Oil ☒

Casinghead Gas ☐

Dry Gas ☐

Condensate ☐

Other (Please explain)

Effective 7/1/79

If change of ownership give name
and address of previous owner

Sage Oil Company, Box 763, Hobbs, N M 88240

II. DESCRIPTION OF WELL AND LEASE

Lease Name Copelan State	Well No. 1	For Name, including formation Undesignated - Queen	Kind of Lease State, Federal or Free State	Lease No. L-413
Location				
Unit Letter C	330	Feet From The North	Line and 1650	Feet From The West
Line of Section 31	Township 10S	Range 27E	, N.M.P.M., Chaves County	

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐	Address (Give address to which approved copy of this form is to be sent)					
Summa Energy Corporation	P. O. Box 763, Hobbs, New Mexico 88240					
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐	Address (Give address to which approved copy of this form is to be sent)					
None						
If well produces oil or liquids, give location of tanks.	Unit C	Sec. 31	Twp. 10S	Rge. 27E	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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Well, Diff. H.
Date Spudded	Date Compl. Ready to Prod.	Total Depth			P.B.T.D.			
Elevations (DF, RAB, RT, CR, 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 100 oil
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/MCF	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.

ORIG. SIGNED BY: DONNA HOLL

(Signature)

Agent

(Date)

6/29/79

(Date)

OIL CONSERVATION DIVISION

APPROVED

JUL 6 1979

BY

W. A. Gressett
SUPERVISOR, DISTRICT II

TITLE

This form is to be filed in compliance with Rule 1-101.

If this is a request for allowable for a newly drilled or deepened
well, this form must be accompanied by a tabulation of the deviated
tests taken on the well in accordance with Rule 1-111.

All sections of this form must be filled out completely for allow-
able on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of own-
er, well name or number, or transportation or other such change of condition.

Separate Forms C-104 must be filed for each pool or unit
completed wells.