

OIL CONSERVATION DIVISION

RECEIVED

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

MAY 26 1983

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GASO. C. D.
ARTESIA, OFFICE

| | |
|-------------------|--|
| NO. OF APPLICANTS | |
| DISTRIBUTION | |
| SANTA FE | |
| FILE | |
| U.S.O.B. | |
| LAND OFFICE | |
| TRANSPORTER | |
| OIL | |
| GAS | |
| OPERATOR | |
| PRODUCTION OFFICE | |

Operator
Wallace Oil & Gas, Inc. ✓

Address
50 Penn Place, Suite 850, Oklahoma City, OK 73118

Reason(s) for filing (Check proper box)

| | | | |
|---------------------|--------------------------|---------------------------|--------------------------|
| New Well | <input 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)
Request testing of Allowable of 50 bbls of oil. PERF 874-86 858'-68' SA

If change of ownership give name and address of previous owner _____

I. DESCRIPTION OF WELL AND LEASE

| | | | | |
|--|---------------|--|--|------------------|
| Lease Name Britt M | Well No. 2 | Pool Name, Including Formation Und. Hondo, San Andres | Kind of Lease State, Federal or Fee | Lease No. Fee |
| Location Unit Letter <u>M</u> : <u>330</u> Feet From The <u>South</u> Line and <u>990</u> Feet From The <u>West</u> | | | | |
| Line of Section <u>3</u> Township <u>11S</u> Range <u>25E</u> , NMPM, <u>Chaves</u> County | | | | |

II. DESIGNATION OF TRANSPORTEE OF OIL AND NATURAL GAS

| | |
|---|--|
| Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Phillips Petro. Company- Trucks | Address (Give address to which approved copy of this form is to be sent) 4001 Penbrook, Odessa, Texas 79762 |
| 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 <u>M</u> Sec. <u>3</u> Twp. <u>11S</u> Rge. <u>25E</u> |
| Is gas actually connected? | When <u>No</u> |

If this production is commingled with that from any other lease or pool, give commingling order number: none

V. COMPLETION DATA

| | | | |
|---|--|------------------------------|---------------------------|
| Designate Type of Completion - (X) | Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> New Well <input type="checkbox"/> Workover <input type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input type="checkbox"/> Same Res'v. <input type="checkbox"/> Diff. Res'v. <input type="checkbox"/> | | |
| Date Spudded 5/4/83 | Date Compl. Ready to Prod. 5/18/83 | Total Depth 938' | P.B.T.D. 938' |
| Elevations (DF, RKB, RT, GR, etc.) Gr. 3465', KB 3473.5' | Name of Producing Formation San Andres | Top Oil/Gas Pay 874'-886' | Tubing Depth 904.71' |
| Perforations 874'-886'; 858'-868' | | | Depth Casing Shoe 938' |
| TUBING, CASING, AND CEMENTING RECORD | | | |
| HOLE SIZE 12 1/2" | CASING & TUBING SIZE 8 5/8" | DEPTH SET 380.61' | SACKS CEMENT 300 sxs |
| 7 7/8" | 4 1/2" | 938' | 475 sxs |
| 4 1/2" | 2 3/8" | 904.71 | |

VI. 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 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 (purge, back pr.) | Tubing Pressure (shut-in) | Casing Pressure (shut-in) | Choke Size |

I. 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.

Pamela V. Garrett
(Signature)
Production Secretary
(Title)
May 24, 1983
(Date)

OIL CONSERVATION DIVISION

APPROVED MAY 31 1983, 19____
BY Original Signed By
Leslie A. Clements
TITLE Supervisor District II

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 Forms C-104 must be filed for each pool in multiple.