

OIL CONSERVATION DIVISION
RECEIVED BY P. O. BOX 2088
SANTA FE, NEW MEXICO 87501
MAY 14 1986
REQUEST FOR ALLOWABLE
O. C. D. AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Address P. O. Box 2014, Roswell, NM 88201

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

Lease Name Remmele Federal		Well No. 2	Pool Name, Including Formation West Pecos Slope Abo	Kind of Lease State, Federal or Fee	Federal NM-36195
Location 0 735 South 2310 East Unit Letter : Feet From The Line and Feet From The 25 6-South Range 22-East , NMPM, Chaves					

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS				Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>					
Name of Authorized Transporter of Gashead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>				Address (Give address to which approved copy of this form is to be sent)	
El Paso Natural Gas Co. New Mexico Gas Marketing, Inc.				P. O. Box 1492, El Paso, TX 79978 2014, Roswell, NM 88201	
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected? When
					yes 5-6-86

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

COMPLETION DATA		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'tv.	D.
Designate Type of Completion - (X)			X	X					
Date Spudded 2-22-86	Date Compl. Ready to Prod. 4-22-86	Total Depth 3430'				P.B.T.D. 3199'			
Elevations (DF, RKB, RT, GR, etc.) 4178' GL	Name of Producing Formation Abo	Top Oil/Gas Pay 2882'				Tubing Depth 2844'			
Perforations 2882,84,86,88,90,92&94; 2964,66,68,70,72,72,76; 3002,03; 3165.5, 3167.5, 3169.5, 3171.5						Depth Casing Shoe			

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4"	8 5/8"	916'	150 sx. + 150 sx.
7 7/8"	4 1/2"	3343'	300 sx., top of 4
			cemented w/300 sx
	2 3/8	2844	

(Test must be after recovery of total volume of load oil and must be equal to or exceed
able for this depth or be for full 24 hours)

OIL WELL			
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

Actual Prod. Test-MCF/D 4183.5	Length of Test 4 hrs.	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.) 4pt. back pressure test	Tubing Pressure (shot-in) 925#	Casing Pressure (shot-in) 935#	Choke Size 64/64

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.

Agent

May 12, 1986

(Title)

(12010)

APPROVED JUN 24 1986, 1986

Original Signed By _____

TITLE Supervisor District

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

All sections of this form must be filled out completely for use on new and recompleted walls.

Fill out only Sections I, II, III, and VI for changes of
well name or number, or transporter, or other such change of co

Separate forms C-104 must be filled for each pool in completed wells.