

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form O-101
Revised 10-1-79

RECEIVED

JUN 13 1983

O. C. D.
ARTESIA, OFFICEREQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

CO. OF COPIES RECEIVED	
DATE RECEIVED	
APPROVED BY	
DATE	
TIME	
AND OFFICE	
TRANSPORTER	OIL
SEALING	GAS
SEALING OFFICE	
SEALING	

Joe L. TARVER ✓
3405 69th DR. Lubbock, TEXAS 79413Reason(s) for filing (Check proper box) Other (Please explain)
New Well ☐ Change in Transporter of:
Completion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐ CHANGE PHYSICAL OPERATORChange of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Well Name: SRLG - UNIT Well No.: 6 Pool Name, including Formation: Red LAKE GRAYBURG Kind of Lease: State, Federal or Foreign: FEDERAL Lease No.: LC050158

Unit Letter: F : 1700 Feet From The NORTH Line and 2310 Feet From The WEST

Line of Section: 35 Township: 17 South Range: 27 East, NMPM, Eddy County

SIGNATURE 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)
Injection
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐ Address (Give address to which approved copy of this form is to be sent)

Well produces oil or liquids, or location of tanks. Unit Sec. Twp. Rge. Is gas actually connected? When

If 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 as Prev. Diff. Prev.
Date Spudded Date Compl. Ready to Prod. Total Depth P.B.T.D.
Locations (DF, RKB, RT, GR, etc.) Name of Producing Formation Top Oil/Gas Pay Tubing Depth
Locations Depth Casing Shoe

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

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)

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
Total Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

AS WELL

Total Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Sealing Method (pilot, 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.

OIL CONSERVATION DIVISION

APPROVED JUN 21 1983

Original Signed By
BY: Leslie A. Clements
Supervisor District II

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 pressure tests taken on the well in accordance with RULE 1111.

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

Fill out only Sections I, II, III, and VI for changes of name, well name or number, or transportation other than change of complete.

Separate Form O-101 must be filed for each pool in which completed wells.