

OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

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O. C. D.

ARTESIA, OFFICE

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	7
FILE	17
U.S.O.B.	
LAND OFFICE	
TRANSPORTER	
OIL	
GAS	
OPERATION	
PRODUCTION OFFICE	

Operator T.E.M. RESOURCES INC. (B.S. OIL CO-OWNER)

Address P.O. BOX 648 ARTESIA N.M. 88210

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 checked="" type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>

Other (Please explain)
RETURN TO PRODUCTION

If change of ownership give name and address of previous owner C.E. LARUE and BN. MUNCY JR. BOX 196 ARTESIA N.M.

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
<u>CARPER LEVERS</u>	<u>4</u>	<u>ARTESIA (Q, G, SA)</u>	<u>STATE</u>	<u>B207</u>
Location				
Unit Letter	<u>R</u>	<u>2310</u> Feet From The <u>WEST</u> Line and <u>1650</u> Feet From The <u>SOUTH</u>		
Line of Section	<u>34</u>	T. wship <u>17S</u>	Range <u>28E</u>	NMPM, <u>EDDY</u> 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)					
<u>NAVAJO REFINING CO. PIPELINE DIVISION</u>	<u>PO DRAWER 159 ARTESIA N.M.</u>					
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)					
<u>PHILLIPS PETROLEUM CO</u>	<u>4601 Durbin Rd. El Paso, TX 79701</u>					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	<u>N</u>	<u>34</u>	<u>17</u>	<u>28</u>	<u>YES</u>	<u>1960</u>

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
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Elevations (DF, RKB, RT, GR, 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

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/MMCF	Gravity of Condensate
Testing Method (pistol, 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.

Tommy Scroggs
(Signature)
Assistant District Engineer
(Title)
8-5-81
(Date)

OIL CONSERVATION DIVISION

AUG 05 1981

APPROVED _____, 19____
BY W.A. Gressett
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 deep well, this form must be accompanied by a tabulation of the devils tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for a well on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of oil well name or number, or transporter, or other such change of conditions.
Separate forms C-104 must be filed for each pool in multiple completed wells.