

OIL CONSERVATION DIVISION

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SANTA FE, NEW MEXICO 87501JUN 19 1987
REQUEST FOR ALLOWABLE
O. G. & N.

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Kersey & Company

Address

P.O. Box 316, Artesia, NM 88211-0316

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)

If change of ownership give name
and address of previous owner

Depco, Inc. 800 Central, Odessa, TX 79751

I. DESCRIPTION OF WELL AND LEASE

Lease Name Northwest Artesia Unit	Well No. 5	Pool Name, Including Formation Queen-Grayburg-SA	Kind of Lease State, Federal or Fee	Lease No. 647
Location Unit Letter <u>B</u> : <u>1</u> Feet From The <u>1</u> Line and <u>1</u> Feet From The <u>1</u>				
Line of Section <u>32</u> Township <u>17</u> Range <u>28</u> , NMPM, Eddy County				

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐ Navajo Refining Co.	Address (Give address to which approved copy of this form is to be sent) Pipeline Div. No. Freeman, Artesia, NM 88210	
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐ Phillips 66 Natural Gas Co.	Address (Give address to which approved copy of this form is to be sent) Bartlesville, OK	
If well produces oil or liquids, give location of tanks.	Unit <u>H</u>	Sec. <u>32</u>
	Twp. <u>17</u>	Rge. <u>28</u>
	Is gas actually connected? <u>yes</u> When <u>2-10-62</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 Heat.	Diff. Heat
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Elevations (DF, RAB, 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			
					Post ID-3			
					7-3-87			
					chg. ap.			

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 (prior, 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.

Operator

(Date)

6-19-87

(Date)

OIL CONSERVATION DIVISION

JUN 26 1987

APPROVED _____, 19

BY _____
Original Signed By
Les A. ClementsTITLE _____
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 allow-
able 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.