

OIL CONSERVATION DIVISION

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

RECEIVED

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

DEC 29 1981

O. C. D.
ARTESIA OFFICE

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SANTA FE FILE	1
U.S.O.S.	
LAND OFFICE	
TRANSPORTER	
OPERATOR	
PRODUCTION OFFICE	

I. OPERATOR

Operator Maurice Hobson

Address PO Box 638, Alamogordo, NM 88310

Reason(s) for filing (Check proper box)

New Well	<input checked="" 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)

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name Wolf	Well No. 4	Pool Name, including Formation East Empire Yates 7-R	Kind of Lease State, Federal or Fee Fee	Lease No.
Location				
Unit Letter M	990	Feet From The South	Line and 990	Feet From The West
Line of Section 23	Township 17S	Range 28E	NMPM, Eddy County	

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Navajo Crude Oil Purchasing	Address (Give address to which approved copy of this form is to be sent)	PO Drawer 175, Artesia, NM 88210
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Phillips Petroleum Co.	Address (Give address to which approved copy of this form is to be sent)	Bartlesville, OK 74004
If well produces oil or liquids, give location of tanks.	Unit M Sec. 23 Twp. 17S Rge. 28E	Is gas actually connected?	yes
		When	5-28-80

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res.
Date Spudded May 23, 1980	Date Compl. Ready to Prod. May 28, 1980	Total Depth 848	P.B.T.D. 839					
Elevations (DF, RKB, RT, GR, etc.) 3598.4 GL	Name of Producing Formation Seven Rivers	Top Oil/Gas Pay 798	Tubing Depth 820					
Perforations 798 - 810	Depth Casing Shoe 848							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
6 5/8	8 5/8	100						
	4 1/2	848	250					

V. 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 oil able for this depth or be for full 24 hours)

Date First New Oil Run To Tanks May 28, 1980	Date of Test Dec. 20, 1981	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24	Tubing Pressure -	Casing Pressure -	Choke Size -
Actual Prod. During Test 8	Oil - Bbls. 3	Water - Bbls. 5	Gas - MCF -

*Posted ID-7
2 x Comp. Book
N.C.D. - PP
1-8-82*

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (piston, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

VI. 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.

Clarence Smith
(Signature) Agent
(Title)

12-29-81

OIL CONSERVATION DIVISION

APPROVED JAN 6 1982, 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 deviate tests taken on the well in accordance with RULE 111.
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 ownership or transporter or other such change of conditions.