

JUN 10 1983

O. C. D.
ARTESIA, OFFICE

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES RECEIVED	
DETERMINATION	
SANTA FE	☒
FILE	☒
U.S.O.B.	
LAND OFFICE	
TRANSPORTER	☒
OIL	☒
UAS	☒
OPERATOR	☒
PROMOTION OFFICE	

Operator LATCH OPERATIONS

Address Box 10108 LUBBOCK TX 79408

Reason(s) for filing (Check proper box)	Other (Please explain)
New Well ☐	Change in Transporter of:
Recompletion ☒	Oil ☐ Dry Gas ☐
Change in Ownership ☐	Casinghead Gas ☐ Condensate ☐

If change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name <u>SPURCK</u>	Well No. <u>7</u>	Pool Name, including Formation <u>Red Hawk Queen Grayburg SA.</u>	Kind of Lease State, Federal or Free <u>STATE</u>	Lease No. <u>88318</u>
Location				
Unit Letter <u>I</u>	: <u>1650</u>	Feet From The <u>FSL</u>	Line and <u>330</u>	Feet From The <u>FEL</u>
Line of Section <u>24</u>	Township <u>17S</u>	Range <u>27E</u>	N.M.P.M.	<u>EDDY</u> County

DESIGNATION 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)
<u>NAVAJO Crude Oil Purchasing Co</u>	<u>Box 159 Artesia NM 88210</u>
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐	Address (Give address to which approved copy of this form is to be sent)
<u>Phillips Petroleum Co</u>	<u>Bartlesville OK 74004</u>
If well produces oil or liquids, give location of tanks.	is gas actually connected? When
Unit <u>I</u> Sec. <u>24</u> Twp. <u>17S</u> Rge. <u>27E</u>	<u>Yes</u> <u>18 May 83</u>

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

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well ☒	Gas Well ☐	New Well ☐	Workover ☐	Deepen ☒	Plug Back ☐	Same Resv. ☐	Diff. Resv. ☐
Date Spudded <u>16 Mar 83</u>	Date Compl. Ready to Prod. <u>16 May 83</u>	Total Depth <u>2310</u>	P.B.T.D. <u>2299.24</u>					
Elevations (DF, K&B, RT, CR, etc.) <u>3524 GR</u>	Name of Producing Formation <u>Grayburg</u>	Top Oil/Gas Pay <u>1682</u>	Tubing Depth <u>1755</u>					
Perforations <u>1682-1692; 1702-1712</u>						Depth Casing Shoe <u>2299.24</u>		

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<u>15</u>	<u>10 3/4" x 40.5#</u>	<u>454'</u>	<u>350 SKS</u>
<u>7 7/8</u>	<u>4 1/2" x 10.5#</u>	<u>2299.24</u>	<u>Circulated</u>
<u>4 1/2</u>	<u>2 3/8</u>	<u>1755</u>	

TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(Test must be after recovery of total volume of load oil and must be at least 24 hours for this depth or be for full 24 hours)

Date First New Oil Run To Tanks <u>5-16-83</u>	Date of Test <u>16 May 83</u>	Producing Method (Flow, pump, gas lift, etc.) <u>Pump</u>
Length of Test <u>24</u>	Tubing Pressure <u>-6-</u>	Casing Pressure <u>300</u>
Actual Prod. During Test <u>N.I.</u>	Oil-Bbls. <u>Less than 14</u>	Water-Bbls. <u>20</u>
		Gas-MCF <u>40</u>

GAS WELL

Actual Prod. Test-MCF/D <u>40</u>	Length of Test <u>4 hrs</u>	Bbls. Condensate/MMCF <u>0</u>	Gravity of Condensate <u>-0-</u>
Testing Method (prior, back pr.) <u>Back Pressure</u>	Tubing Pressure (psia-in) <u>-20-</u>	Casing Pressure (psia-in) <u>300</u>	Choke Size <u>7/8</u>

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.

Joseph B Schiel
(Signature)
Agent
16 June 83
(Date)

OIL CONSERVATION DIVISION

APPROVED JUN 16 1983
Original Signed By
BY Leslie A. Clements
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 deepened well, this form must be accompanied by a tabulation of the deviated 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 even well name or number or transporter or other such changes of condition.
Separate Forms C-104 must be filed for each pool in multi-fractured wells.