

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES REQUIRED	
DISTRIBUTION	
SANTA FE	<input checked="" type="checkbox"/>
FILE	<input checked="" type="checkbox"/>
U.S.O.	
LAND OFFICE	
TRANSPORTER	<input checked="" type="checkbox"/>
OIL	<input checked="" type="checkbox"/>
OPERATOR	<input checked="" type="checkbox"/>
PRODUCTION OFFICE	

Operator Bench Exploration Inc.

Address 800 N. Maricopa Avenue Suite 200 Midland Texas 79701

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) gas connection

NOV 13 1982

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

O. C. D.

ARTESIA, OFFICE

I. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
<u>New Mexico 36</u>	<u>5</u>	<u>East Red Lake</u>	State, Federal or Free State	<u>L-1603</u>

Location

Unit Letter G : 1986 Feet From The N Line and 1983 Feet From The E

Line of Section 36 Township 16-S Range 28-E , NMPM, Eddy County

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <u>Permian (Est. 9/1/87)</u>	Address (Give address to which approved copy of this form is to be sent)
<u>The Permian Corp.</u>	<u>P.O. Box 1183 Houston TX 77001</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</u>	<u>100 Pioneer Bldg. Bartlesville Ok</u>

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	<u>F</u>	<u>36</u>	<u>16</u>	<u>28</u>	<u>yes</u>	<u>8-6-82</u>

If this production is commingled with that from any other lease or pool, give commingling order number: CTB-280

III. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
<u>(X)</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>XXX</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
<u>3-12-82</u>	<u>8-6-82</u>	<u>1882'</u>	<u>1878'</u>
Elevations (DF, RAB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
<u>3696.6'</u>	<u>Permian</u>	<u>1778'</u>	<u>1821'</u>
Perforations			Depth Casing Shoe
<u>1778-1824</u>			<u>1883</u>

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<u>8 5/8"</u>	<u>20"</u>	<u>318</u>	<u>300 SA CL-C</u>
<u>7"</u>	<u>20"</u>	<u>1592</u>	
<u>4 1/2"</u>	<u>10.5" + 11.6"</u>	<u>1882</u>	<u>175 SA 50-50 Poz</u>
			<u>4/2 90 Salt</u>

IV. 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.)
<u>8-9-82</u>	<u>8-17-82</u>	<u>Pmp 2" x 1 1/2 x 8' insert</u>
Length of Test	Tubing Pressure	Casing Pressure
<u>24 hrs</u>	<u>15</u>	<u>15</u>
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.
<u>5.6</u>	<u>5.6</u>	<u>1.0</u>
		Gas-MCF
		<u>6.2</u>

GAS WELL

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

V. 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.

Linda Wooten
(Signature)
Regulatory Agent
(Title)
Nov 10, 1982
(Date)

OIL CONSERVATION DIVISION

APPROVED NOV 23 1982, 19
Larry L. Brooks
BY Geologist
TITLE NMOC DIST. 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 allowable 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.

Separate Forms C-104 must be filed for each pool in multiple completed wells.