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MAR 11 1982

O. C. D.  
ARTESIA, OFFICE

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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U.S.O.B.	
LAND OFFICE	
TRANSPORTER	OIL / GAS /
OPERATOR	/
PRODUCTION OFFICE	/

I. OPERATOR

Operator: Forister & Sweatt ✓

Address: PO Box 161, Artesia, NM 88210

Reason(s) for filing (Check proper box)

New Well ☒ Change in Transporter of: Oil ☐ Dry Gas ☐  
 Recompletion ☐ Casinghead Gas ☐ Condensate ☐  
 Change in Ownership ☐

Other (Please explain):

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Bear Draw</u>	Well No. <u>2</u>	Pool Name, including Formation <u>Bear Draw Q.G.SA.</u>	Kind of Lease State <u>Federal</u> or Fee	Lease No. <u>NM-1500</u>
Location Unit Letter <u>J</u> ; <u>1980</u> Feet From The <u>South</u> Line and <u>1980</u> Feet From The <u>East</u> Line of Section <u>28</u> Township <u>16S</u> Range <u>29E</u> , NMPM, <u>Eddy</u> 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"/> <u>Conoco Inc. - Surface Transportation</u>	Address (Give address to which approved copy of this form is to be sent) <u>PO Box 2587, Hobbs, NM 88240</u>
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>Conoco Inc.</u>	Address (Give address to which approved copy of this form is to be sent) <u>7408 Andrews Highway, Odessa, TX 79762</u>
If well produces oil or liquids, give location of tanks. Unit <u>I</u> Sec. <u>28</u> Twp. <u>16S</u> Rge. <u>29E</u>	Is gas actually connected? <u>Yes</u> When <u>3-2-82</u> <u>11-13-81</u>

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 <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded <u>1-31-82</u>	Date Compl. Ready to Prod. <u>3-2-82</u>	Total Depth <u>2800</u>	P.B.T.D. <u>2750</u>					
Elevations (DF, RKB, RT, CR, etc.) <u>3634 G.L.</u>	Name of Producing Formation <u>Queen G. SA.</u>	Top Oil/Gas Pay <u>1930</u>	Tubing Depth <u>2646</u>					
Perforations <u>2552-2589 2430-2446 2287-2306 1930-2042</u>						Depth Casing Shoe <u>2800</u>		
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE <u>12 1/2</u>	CASING & TUBING SIZE <u>8 5/8</u>	DEPTH SET <u>343</u>	SACKS CEMENT <u>375</u>					
<u>7 7/8</u>	<u>4 1/2</u>	<u>2800</u>	<u>1000</u>					

V. 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 <u>3-2-82</u>	Date of Test <u>3-5-82</u>	Producing Method (Flow, pump, gas lift, etc.) <u>Pump</u>	
Length of Test <u>24 hrs</u>	Tubing Pressure <u>-</u>	Casing Pressure <u>30#</u>	Choke Size <u>-</u>
Actual Prod. During Test <u>21</u>	Oil-Bbls. <u>16</u>	Water-Bbls. <u>5</u>	Gas-MCF <u>195</u>

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, 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.

Clayton F. Smith  
(Signature)  
Partner  
(Title)  
3/9/82  
(Date)

OIL CONSERVATION DIVISION

APPROVED MAR 15 1982, 19  
BY W. A. Dressett  
TITLE SUPERVISOR, DISTRICT 4

This form is to be filed in compliance with RULE 1104.  
If this is a request for allowable for a newly drilled or deepen 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 multiply completed wells.



LESLIE K. EVERTSON - ROSWELL  
KENNETH D. REYNOLDS - ARTESIA

DRILLING CO., INC. - OIL WELL DRILLING CONTRACTORS

P. O. Box 1498 ROSWELL, NEW MEXICO 88201  
TELEPHONES: ARTESIA 505/746-6757  
ROSWELL 505/623-5070

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February 9, 1982

O. C. D.  
ARTESIA OFFICE

Forrister & Sweatt  
P.O. Box 161  
Artesia, NM 88210

Re: Bear Draw #2

Gentlemen:

The following is a Deviation Survey of the above well  
located in Eddy County, New Mexico:

343' - 1/4°	2274' - 1/2°
844' - 1/2°	2653' - 1/2°
1340' - 1/2°	2800' - 3/4° T.D.
1799' - 1/2°	

Yours very truly,

WEK DRILLING CO., INC.

*Arnold Newkirk*  
Arnold Newkirk

STATE OF NEW MEXICO )  
COUNTY OF CHAVES )

The foregoing was acknowledged before me this 9th day  
of February, 1982 by Arnold Newkirk.

My Commission Expires:

*Elissa Gilman Deck*  
Notary Public

1/12/85