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PRODUCTION OFFICE	

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

RECEIVED

JUL 23 1982

O. C. D.

ARTESIA, OFFICE

1. Operator  
**Forister & Sweatt**  
Address  
**PO Box 161, Artesia, NM 88210**

Reason(s) for filing (Check proper box)

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

Other (Please explain)

**CASINGHEAD GAS MUST NOT BE  
FLARED AFTER 7-1-82  
UNLESS AN EXCEPTION TO Rule 306  
IS OBTAINED**

If change of ownership give name  
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>Bear Draw</b>	Well No. <b>3</b>	Pool Name, Including Formation <b>Bear Draw Q.G.SA.</b>	Kind of Lease State, Federal or Fee <b>Federal</b>	Lease No. <b>NM 1500</b>
Location Unit Letter <b>B</b> ; <b>990</b> Feet From The <b>North</b> Line and <b>1650</b> Feet From The <b>East</b> Line of Section <b>28</b> Township <b>16S</b> Range <b>29E</b> , NMPM, <b>Eddy</b> 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"/> <b>Conoco Inc. - Surface Transportation</b>	Address (Give address to which approved copy of this form is to be sent) <b>PO Box 2587, Hobbs, NM 88240</b>			
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <b>Conoco Inc.</b>	Address (Give address to which approved copy of this form is to be sent) <b>7408 Andrews Highway, Odessa, TX 79762</b>			
If well produces oil or liquids, give location of tanks.	Unit <b>B</b>	Sec. <b>28</b>	Twp. <b>16S</b>	Rge. <b>29E</b>
Is gas actually connected?		When <b>7-28-82</b> <b>by 8/1/82</b>		

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'v.
Date Spudded <b>June 30, 1982</b>	Date Compl. Ready to Prod. <b>July 22, 1982</b>	Total Depth <b>2655</b>	P.B.T.D. <b>2594</b>					
Elevations (DF, RKB, RT, GR, etc.) <b>3638.7 Gr.</b>	Name of Producing Formation <b>Queen, Grayburg, SA</b>	Top Oil/Gas Pay <b>1926 - Penrose</b>	Tubing Depth <b>2575</b>					
Perforations <b>1926-1936, 1970-1973, 1978-1982, 2284-2288, 2300-2302, 2418-2430, 2532-2534, 2540-2546</b>			Depth Casing Shoe <b>2655</b>					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
<b>12 1/4</b>	<b>8 5/8</b>	<b>334</b>	<b>250 sacks (circulated)</b>					
<b>7 7/8</b>	<b>4 1/2</b>	<b>2655</b>	<b>810</b>					
<b>-</b>	<b>2 3/8</b>	<b>2575</b>	<b>-</b>					

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 <b>July 22, 1982</b>	Date of Test <b>July 22, 1982</b>	Producing Method (Flow, pump, gas lift, etc.) <b>Pump</b>	
Length of Test <b>24</b>	Tubing Pressure <b>0</b>	Casing Pressure <b>30</b>	Choke Size <b>-</b>
Actual Prod. During Test <b>73</b>	Oil - Bbls. <b>58</b>	Water - Bbls. <b>15 (load water)</b>	Gas - MCF <b>160</b>

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.

**Danny Smith**  
(Signature)

Partner

July 23, 1982

(Date)

OIL CONSERVATION DIVISION

OIL AND GAS INSPECTOR

JUL 23 1982

APPROVED

BY

TITLE

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 filled for each pool in multiply completed wells.

RECEIVED

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WELL NAME AND NUMBER Bear Draw #3

LOCATION Sec 28-16-29 Eddy County

O. C. D.  
ARTESIA, OFFICE

OPERATOR Forister and Sweatt

The undersigned hereby certifies that he/she is an authorized representative of Collier Drilling Corp. and that the following information as set forth by the drillers for Collier Drilling Corp. on their Survey of Directional Drilling is true and correct to the best of his/her information and belief.

<u>DISC NO.</u>	<u>DATE</u>	<u>DEPTH</u>	<u>DRIFT</u>	<u>DRILLER</u>
<u>1</u>	<u>6-30-82</u>	<u>338'</u>	<u>3/4 degree</u>	<u>K. Huseman</u>
<u>2</u>	<u>7-1-82</u>	<u>856</u>	<u>1 degree</u>	<u>K. Huseman</u>
<u>3</u>	<u>7-2-82</u>	<u>1365</u>	<u>3/4 degree</u>	<u>R. Watkins</u>
<u>4</u>	<u>7-2-82</u>	<u>1871</u>	<u>1 degree</u>	<u>K. Huseman</u>
<u>5</u>	<u>7-3-82</u>	<u>2377</u>	<u>3/4 degree</u>	<u>R. Turner</u>

By *Alta L. Palloway*  
Title Bookkeeper

Subscribed and sworn to before me this 7 day of July, 1982

Oct. 5, 1985  
My commission expires

*M. Catherine Harris*  
Notary Public