

OIL CONSERVATION DIVISION

P. O. BOX 208A
SANTA FE, NEW MEXICO 87501

RECEIVED BY
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O. C. D.
ARTESIA, OFFICE

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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DISTRIBUTION	
SANTA FE FILE	<input checked="" type="checkbox"/>
U.S.O.B.	<input checked="" type="checkbox"/>
LAND OFFICE	
TRANSPORTER	<input checked="" type="checkbox"/>
OIL GAS	<input checked="" type="checkbox"/>
OPERATOR	<input checked="" type="checkbox"/>
REGISTRATION OFFICE	

Operator
BS OIL COMPANY

Address
P.O. BOX 664 ARTESIA, NEW MEXICO 88210

Reason(s) for filing (Check proper box) Other (Please explain)

New Well Change in Transporter of: REQUESTING AN ALLOWABLE OF 80 BARRELS A DAY

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 LARA MICHELLE	Well No. 1	Pool Name, Including Formation ARTESIA Q G SA	Kind of Lease State, Federal or Fee STATE	Lease No. B-2071
Location				
Unit Letter N : 990 Feet From The SOUTH Line and 2310 Feet From The WEST				
Line of Section 34 Twpship 17 S Range 28 E , NMPM, EDDY County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)				
NAVAJO REFINING COMPANY	PODRAWER 159 ARTESIA NM 88210				
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)				
PHILLIPS PETROLEUM COMPANY	410 HOME SAVINGS FLOAN BARTLESVILLE OK. 7400				
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected? When
	L	34	17	28	YES 8-5-84

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

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'n. <input type="checkbox"/>	Diff. Res'n. <input type="checkbox"/>
Date Spudded 7-9-84	Date Compl. Ready to Prod. 7-30-84	Total Depth 3840	P.B.T.D. 3840					
Elevations (DF, RKB, RT, GR, etc.) GROUND LEVEL 3660.7	Name of Producing Formation SAN ANDRES	Top Oil/Gas Pay 2652'	Tubing Depth 3152'					
Perforations 2948, 43, 32, 30, 24, 22, 18, 16, 14, 6, 4, 01; 2889, 82, 80, 75, 73, 47, 2839, 37, 33, 15, 13; 2788.54, 52, 50, 46, 44, 30, 28, 26, 19, 17, 15, 13; 2652; 3248		Depth Casing Shoe 3810						

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4"	8 5/8" NEW 23 #	469'	350
7 7/8"	5 1/2" NEW 15.5 #	3840'	800
	2 3/8" NEW 6.5 #	3152'	

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 greater than allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks 8-5-84	Date of Test 8-5-84 to 8-6-84	Producing Method (Flow, pump, gas lift, etc.) PUMP	
Length of Test 24 HOURS	Tubing Pressure 17 LB	Casing Pressure 17 LB	Choke Size 2"
Actual Prod. During Test 320 BARRELS	Oil-Bbls. 80 BARRELS	Water-Bbls. 240 BARRELS	Gas-MCF 75

GAS WELL

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

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.

Thomas K. Scroggs
(Signature)

OPERATOR
(Title)

8-7-84
(Date)

OIL CONSERVATION DIVISION
AUG 07 1984

APPROVED _____, 19__

ORIGINAL SIGNATURE
BY **LARRY BROOKS**
GEOLOGIST - NMOC

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 filed for each pool in multiple completed wells.