

OIL CONSERVATION DIVISION

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RECEIVED BY
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501
DEC 23 1985
O. C. D.
ARTESIA OFFICE
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator: TOMSCO Energy

Address: P.O. BOX 664 ARTESIA, NEW MEXICO 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): REQUESTING AN ALLOWABLE OF 80 BARRELS A DAY

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>LARA MICHELLE</u>	Well No. <u>2</u>	Pool Name, including Formation <u>ARTESIA O G JA</u>	Kind of Lease State, Federal or Fee <u>STATE</u>	Lease No. <u>B-2071</u>
Location Unit Letter <u>K</u> ; <u>1980</u> Feet From The <u>SOUTH</u> Line and <u>2270</u> Feet From The <u>WEST</u> Line of Section <u>34</u> Township <u>17S</u> Range <u>28E</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>NAVAJO REFINING CO.</u>	Address (Give address to which approved copy of this form is to be sent) <u>PO DRAWER 159 ARTESIA NM 88210</u>
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>PHILLIPS PETROLEUM CO.</u>	Address (Give address to which approved copy of this form is to be sent) <u>410 HOME SAVING'S LOAN BARTLESVILLE OK 74001</u>
If well produces oil or liquids, give location of tanks. Unit <u>N</u> Sec. <u>34</u> Twp. <u>17</u> Rge. <u>28</u>	Is gas actually connected? <u>YES</u> When <u>12-18-85</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>11-26-85</u>	Date Compl. Ready to Prod. <u>12-16-85</u>	Total Depth <u>3300'</u>	P.B.T.D.					
Elevations (DF, RKB, RT, CR, etc.) <u>GROUND LVL 3660.1</u>	Name of Producing Formation <u>SAN ANDRES</u>	Top Oil/Gas Pay <u>2602'</u>	Tubing Depth <u>2950'</u>					
Perforations <u>2602, 13, 17, 19, 46, 50, 54, 85; 2706, 12, 16, 31 1/2, 60, 70, 80, 86; 2803, 13, 16, 33 1/2, 40,</u>		74, 94		Depth Casing Shoe <u>3257'</u>				
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
<u>12 1/4"</u>	<u>8 5/8" 24# API</u>	<u>448'</u>	<u>300 SACKS</u>					
<u>7 7/8"</u>	<u>4 1/2" 10.5# API</u>	<u>3300'</u>	<u>1000 SACKS</u>					
<u>TUBING INFO.</u>	<u>2 3/8" 4.7# API</u>	<u>2950'</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>12-21-85</u>	Date of Test <u>12-20-85 to 12-21-85</u>	Producing Method (Flow, pump, gas lift, etc.) <u>PUMP</u>	<u>Best ED-2</u> <u>12-20-85</u> <u>comp & BN</u>	
Length of Test <u>24 HRS.</u>	Tubing Pressure <u>24 LB</u>	Casing Pressure <u>24 LB</u>	Choke Size <u>2"</u>	
Actual Prod. During Test <u>300 BARRELS</u>	Oil - bbls. <u>80</u>	Water - Bbls. <u>220 FRAC WATER</u>	Gas - MCF <u>100</u>	

GAS WELL

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

Thomas Scogg
(Signature)

OPERATOR

(Title)

12-21-85
(Date)

OIL CONSERVATION DIVISION

APPROVED DEC 27 1985, 19__

Original Signed By
BY Les 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 deviation tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for allowance 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 multi-

