

OIL CONSERVATION DIVISION

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

RECEIVED BY

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

DEC 23 1985

O. C. D.

REQUEST FOR ALLOWABLE
ANDARTESIA OFFICE
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 ☒Recompletion ☐Change in Ownership ☐

Change in Transporter of:

Oil ☐Casinghead Gas ☐Dry Gas ☐Condensate ☐

Other (Please explain)

REQUESTING AN ALLOWABLE OF 80
BARRELS A DAYIf change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
LARA MICHELLE	2	ARTESIA O G JA	State, Federal or Fee STATE	B-2071
Location				
Unit Letter	K	1980 Feet From The SOUTH Line and 2270 Feet From The WEST		
Line of Section	34	T. 17S	Range 28E	NMPM, EDDY 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"/>	Address (Give address to which approved copy of this form is to be sent)					
NAVAJO REFINING CO.	PO DRAWER 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 CO.	410 HOME SAVING'S LOAN BARTLESVILLE OK 74004					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	N	34	17	28	YES	12-18-85

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	Due Compl. Ready to Prod.	Total Depth	P.B.T.D.					
11-26-85	12-16-85	3300'						
Elevations (DF, RKB, RT, CR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
GROUND LVL 3660.1	SAN ANDRES	2602'	2950'					
Perforations	74, 94		Depth Casing Shoe					
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,	TUBING, CASING, AND CEMENTING RECORD		3257'					
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
12 1/4"	8 5/8" 24" API	448'	300 SACKS					
7 7/8"	4 1/2" 10.5" API	3300'	1000 SACKS					
TUBING INFO.	2 3/8" 4.7" API	2950'						

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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
12-21-85	12-20-85 to 12-21-85	PUMP	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 HRS.	24 LB	24 LB	2"
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF
300 BARRELS	80	220 FRAC WATER	100

GAS WELL

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

I. 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 J. 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 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 multi-

