

OIL CONSERVATION DIVISION

REVISED 10-1-79

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

RECEIVED

OCT 13 1981

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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Operator General Operating Company ☒ C. C. D.  
ARTESIA, OFFICE

Address Suite 1007 Ridglea Bank Bldg., Fort Worth, Texas 76116

Reason(s) for filing (Check proper box)		Other (Please explain)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:		
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>	

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Grayburg Jackson Unit Tract 4</u>	Well No. <u>3</u>	Pool Name, including Formation <u>Grayburg Jackson Q-SA</u>	Kind of Lease <u>State, Federal or Fee Federal</u>	Lease No. <u>LC-0290206</u>
Location				
Unit Letter <u>K</u>	<u>1980</u> Feet From The <u>South</u> Line and <u>1980</u> Feet From The <u>West</u>			
Line of Section <u>22</u>	Township <u>17S</u>	Range <u>30E</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"/>	Address (Give address to which approved copy of this form is to be sent)
<u>Texas New Mexico Pipeline Company</u>	<u>P. O. Box 2528, Hobbs, New Mexico 88240</u>
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>Phillips Petroleum Company</u>	<u>4001 Penbrook, Odessa, Texas 79762</u>
If well produces oil or liquids, give location of tanks.	Is gas actually connected? <u>Yes</u> When <u>Existing Connection</u>
Unit <u>P</u> Sec. <u>22</u> Twp. <u>17S</u> Rge. <u>30E</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 as Previous <input type="checkbox"/>
Date Spudded <u>12/19/79</u>	Date Compl. Ready to Prod. <u>1/4/80</u>	Total Depth <u>3150' RKB</u>	P.B.T.D. <u>3134' RKB</u>				
Perforations (DF, RKB, RT, GR, etc.) <u>3650' GR, 3660' RKB</u>	Name of Producing Formation <u>Premier Sand (Grayburg)</u>	Top Oil/Gas Pay <u>2996' RKB</u>	Tubing Depth <u>2970' RKB on packer</u>				
Perforations <u>2996' - 3000', 3014' - 3018', 3051' - 3057' w/ 2 holes/ft.</u>			Depth Casing Shoe <u>3150' RKB</u>				

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<u>11"</u>	<u>8 5/8" OD, 20#</u>	<u>466' RKB</u>	<u>250</u>
<u>7 7/8"</u>	<u>4 1/2" OD, 10.5#</u>	<u>3150' RKB</u>	<u>650</u>
<u>4"</u>	<u>2 7/8" OD (tubing)</u>	<u>2970' RKB on packer</u>	<u>None</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 allowable for this depth or be for full 24 hours)

Date First Flow Oil Run To Tanks <u>1/5/80</u>	Date of Test <u>1/9/80</u>	Producing Method (Flow, pump, gas lift, etc.) <u>Flow</u>	
Length of Test <u>24 hrs.</u>	Tubing Pressure <u>20 psig</u>	Casing Pressure <u>0 psig</u>	Choke Size <u>None</u>
Actual Prod. During Test <u>123 BF</u>	Oil-Bbls. <u>7</u>	Water-Bbls. <u>116</u>	Gas-MCF <u>TSTM</u>

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. STATEMENT 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.

C. W. Schumhoff

(Signature)

Vice-President

(Title)

October 8, 1981

(Date)

OIL CONSERVATION DIVISION

APPROVED

BY

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 deep well, this form must be accompanied by a tabulation of the data tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for a well on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of well name or number, or transporter, or other such change of conditions.

Separate Form C-104 must be filed for each pool in multi-completed wells.

Posted ID-2  
+ Comp. Book  
TMM/PP  
10-23-81



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

DRILLING CO., INC. - OIL WELL DRILLING CONTRACTORS

P. O. BOX 2055 ROSWELL, NEW MEXICO 88201  
TELEPHONES: ARTESIA 505/746-6757  
ROSWELL 505/623-5070

RECEIVED

December 27, 1979

OCT 13 1981

O. C. D.  
ARTESIA, OFFICE

General Operating Company  
Box 877  
Wichita Falls, Texas 76307

Re: Grayburg Jackson Unit Tract 4 #3

Gentlemen:

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

466' -  $1\frac{1}{2}^{\circ}$   
959' -  $3\frac{3}{4}^{\circ}$   
1427' -  $1^{\circ}$   
1921' -  $1^{\circ}$

2382' -  $1\frac{1}{4}^{\circ}$   
2876' -  $1^{\circ}$   
2914' -  $1^{\circ}$   
3150' -  $1^{\circ}$  T.D.

Yours very truly,

WEK DRILLING CO., INC.

*Arnold Newkirk*  
Arnold Newkirk

NOTARY  
STATE OF NEW MEXICO )  
COUNTY OF CHAVES )

The foregoing was acknowledged before me this 27<sup>th</sup> day  
of December, 1979 by Arnold Newkirk.

My Commission Expires:

April 9, 1980

*Glenda Bea Newton*  
Notary Public