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ARTESIA, OFFICE

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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OIL	<input checked="" type="checkbox"/>
GAS	<input checked="" type="checkbox"/>
OPERATOR	
PERMITS OFFICE	

I. PERMITS OFFICE

Operator Holly Energy Inc. ✓

Address P.O. Box 726 Artesia, New Mexico 88210

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"/>

Allowable canceled 11-10-80
Rule 306 gas connected 3-12-81

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>McIntyre A</u>	Well No. <u>8</u>	Pool Name, including Formation <u>Loso Hills Abo</u>	Kind of Lease State, Federal or Foreign <u>Federal</u>	Lease No. <u>LC-05763</u>
Location				
Unit Letter <u>J</u> : <u>1650</u> Feet From The <u>South</u> Line and <u>1650</u> Feet From The <u>East</u>				
Line of Section <u>20</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>Navajo Crude Oil Purchasing Co</u>	<u>P.O. Box 159 Artesia, New Mexico 88210</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>Continental Oil Co.</u>	<u>Box 2197 Houston, Texas 77001</u>					
If well produces oil or liquids, give location of tanks.	Unit <u>J</u>	Sec. <u>20</u>	Twp. <u>17</u>	Rge. <u>30</u>	Is gas actually connected? <u>Yes</u>	When <u>3-13-81</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't'v. <input type="checkbox"/>	Diff. Res't'v. <input type="checkbox"/>
Date Spudded <u>6-4-80</u>	Date Compl. Ready to Prod. <u>9-10-80</u>		Total Depth <u>6900'</u>		P.B.T.D. <u>6872'</u>			
Elevations (DF, RKB, RT, GR, etc.) <u>3630.5</u>	Name of Producing Formation <u>ABO</u>		Top Oil/Gas Pay <u>6632</u>		Tubing Depth <u>6565</u>			
Perforations <u>6824-6859 6698-6710 6632-6684</u>					Depth Casing Shoe <u>6899</u>			

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<u>11</u>	<u>8-5/8</u>	<u>1598</u>	<u>600 sacks</u>
<u>7-7/8</u>	<u>4-1/2</u>	<u>6898</u>	<u>2517 sacks</u>
			<u>DV tool @ 3518</u>
	<u>2-3/8</u>	<u>6565</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>9-10-80</u>	Date of Test <u>9-10-80</u>	Producing Method (Flow, pump, gas lift, etc.) <u>Flow</u>	
Length of Test <u>24 hrs.</u>	Tubing Pressure <u>250#</u>	Casing Pressure <u>Packer</u>	Choke Size <u>22/64</u>
Actual Prod. During Test <u>63</u>	Oil - Bbls. <u>63</u>	Water - Bbls. <u>49</u>	Gas - MCF <u>60 MCF/D</u>

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (flow, 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.

(Signature)
Superintendent
(Date)
<u>3-16-81</u>
(Date)

OIL CONSERVATION DIVISION	
MAR 17 1981	
APPROVED	19
BY <u>Mike Williams</u>	
TITLE <u>OIL AND GAS INSPECTOR</u>	
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 deviated tests taken on the well in accordance with RULE 111.	
All sections of this form must be filled out completely for all wells 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 Forms C-104 must be filed for each pool in multi-completed wells.	