

OIL CONSERVATION DIVISION

P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

RECEIVED

OCT - 9 1981

O. C. D.

ARTESIA, OFFICE

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

DEPARTMENT	
DISTRIBUTION	
SALES	
FILE	
U.S.O.	
LAND OFFICE	
TRANSPORTER	
OPERATOR	
PRODUCTION OFFICE	

Lucille F. McKinley /

Address  
P. O. Box 2145 Roswell, NM 88201

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

If change of ownership give name  
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name Artesia Petroleum Co.	Well No. 4	Pool Name, Including Formation Square Lake Pool	Kind of Lease State, Federal or Fee Federal	Lease No. LC029339(b)
Location Unit Letter <u>A</u> : <u>890</u> Feet From The <u>North</u> Line and <u>890</u> Feet From The <u>East</u>				
Line of Section <u>1</u> Township <u>17S</u> Range <u>30E</u> , NMPM, <u>Eddy</u> , County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Navajo Refining Co. Pipeline Div.	Address (Give address to which approved copy of this form is to be sent) N. Freeman Ave - Artesia, NM 88210
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Conoco Inc.	Address (Give address to which approved copy of this form is to be sent)
If well produces oil or liquids, give location of tanks.	Unit <u>B</u> Sec. <u>1</u> Twp. <u>17S</u> Rge. <u>30E</u>
	Is gas actually connected? <u>yes</u> When <u>8-6-81</u>

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'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded 6/11/81	Date Compl. Ready to Prod. 8/6/81	Total Depth 3320'	P.B.T.D. 3235'					
Elevations (DF, FKH, RT, GR, etc.) 3762.7 GR	Name of Producing Formation Grayburg/Premier	Top Oil/Gas Pay 2912'	Tubing Depth 3059'					
Perforations 2912 - 22' (20 holes) 2976 - 86' (20 holes)			Depth Casing Shoe 3310'					

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4"	8 5/8"	370'	375 Sx "C" Circ.
7 7/8"	4 1/2"	3310'	4050 Sx "H" Circ.
	2 3/8"	3059'	

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 8/6/81	Date of Test 8/6/81	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hours	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test 1 bbl oil	Oil - Bbls. 1 bbl	Water - Bbls. 20 bbl	Gas - MCF

GAS WELL

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

OIL CONSERVATION DIVISION

APPROVED OCT 13 1981

BY W. A. Gressett  
SUPERVISOR, DISTRICT II

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.

Lucille F. McKinley  
(Signature)

Operator  
(Title)

October 6, 1981  
(Date)