

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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O. C. D.
ARTESIA, OFFICE

Form C-104
Revised 10-01-78
Format 06-01-83
Page 1

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator

Dickson Petroleum, Inc.

Address

P. O. Box 50160, Midland, Texas 79710

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)

CASINGHEAD GAS MUST NOT BE
FLARED AFTER 10-3-85

If change of ownership give name
and address of previous owner

UNLESS AN EXCEPTION FROM
THE B. L. M. IS OBTAINED

I. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Jo Federal</u>	Well No. <u>1</u>	Pool Name, including Formation <u>GR SA</u>	Kind of Lease State, Federal or Fee Federal	Lease No. <u>LC-056551</u>
Location Unit Letter <u>0</u> : <u>1650</u> Feet From The <u>East</u> Line and <u>430</u> Feet From The <u>South</u> Line of Section <u>21</u> Township <u>17-South</u> Range <u>30-East</u> , NMPM, Eddy				

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <u>Phillips Petroleum Company-Truck</u>	Address (Give address to which approved copy of this form is to be sent) <u>4001 Pembroke, Odessa, Texas 79762</u>
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>Phillips Petroleum Company</u>	Address (Give address to which approved copy of this form is to be sent) <u>4001 Pembroke, Odessa, Texas 79762</u>
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. <u>0</u> <u>21</u> <u>17S</u> <u>30E</u>
Is gas actually connected?	When <u>No</u>

If this production is commingled with that from any other lease or pool, give commingling order number:

NOTE: Complete Parts IV and V on reverse side if necessary.

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 is true and complete to the best of my knowledge and belief.

Arden Dickson
(Signature)

President
(Title)

8-27-85
(Date)

OIL CONSERVATION DIVISION

APPROVED AUG 30 1985, 19
Original Signed By
BY Les A. Clements
TITLE Supervisor District 16

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 multiply completed wells.

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		X		X					
Date Spudded 8/7/85	Date Compl. Ready to Prod. 8/14/85 8-25-85		Total Depth 3300'			P.B.T.D. 3160'			
Elevations (DF, RKB, RT, CR, etc.) 3632' GR	Name of Producing Formation Grayburg		Top Oil/Gas Pay 2556'			Tubing Depth 3046'			
Perforations 2556, 58, 60, 62, 64, 66, 68; 2711, 12, 84, 86, 99: 2800, 05, 06; 2928, 29, 59, 60; 3007, 08, 46, 48.						Depth Casing Shoe			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4"	8 5/8" 24#	331'	
7 7/8"	5 1/2" 17#	3160'	300 sxs Class C
			300 sxs Class C
	2 3/8"	3040'	300 sxs lite

V. TEST DATA AND REQUEST FOR ALLOWABLE (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 8/25/85	Date of Test 8/25/85	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hrs.	Tubing Pressure	Casing Pressure	Choke Size Full
Actual Prod. During Test	Oil - Bbls. 65	Water - Bbls. 110	Gas - MCF N/A

AS WELL

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