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JAN 30 '90

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator	Jack Phemons	Well API No.	A.C.D.
Address	8216 Chicago, Lubbock, Texas 79474	ARTESIA, OFFICE	
Reason(s) for Filing (Check proper box)			
New Well	☐	Other (Please explain)	
Recompletion	☐	Change in Transporter of:	
Change in Operator	☐	Oil ☒ Dry Gas ☐	
If change of operator give name and address of previous operator		Casinghead Gas ☐ Condensate ☐	

II. DESCRIPTION OF WELL AND LEASE			
Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease
Continental 27 state	8	Grayburg Jackson	State
Location	Lease No.		
Unit Letter	1650	B-7596	
Section	27	Line and	330
Township	17S	Feet From The	West
Range	29E	Line	
NMPM, Eddy County			

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS			
Name of Authorized Transporter of Oil	or Condensate	Address (Give address to which approved copy of this form is to be sent)	
Pride Pipeline Company	☐	P.O. Box 2436, Abilene Texas 79601	
Name of Authorized Transporter of Casinghead Gas	or Dry Gas	Address (Give address to which approved copy of this form is to be sent)	
Phillips Petroleum	☐	Bartlesville Oklahoma	
If well produces oil or liquids, give location of tanks.	Unit	Sec.	1wp
	1E	127	117
If this production is commingled with that from any other lease or pool, give commingling order number:		Is gas actually connected?	When
		yes	3-1-62

IV. COMPLETION DATA			
Designate Type of Completion - (X)	Oil Well	Gas Well	New Well
Date Spudded	Date Compl. Ready to Prod.	Total Depth	Workover
Elevations (DF, RKB, RI, GR, etc.)	Name of Producing Formation	Top Oil Gas Pay	Deepen
Perforations			Plug Back
			Same Resv
			Diff Resv
			P.B.T.D.
			Tubing Depth
			Depth Casing Shoe
TUBING, CASING AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
			Part ID-3
			2-22-90
			chgt. NRC

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 Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

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

VI. OPERATOR CERTIFICATE OF COMPLIANCE		OIL CONSERVATION DIVISION	
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.		Date Approved FEB 16 1990	
Signature	By	ORIGINAL SIGNED BY	
Glen Phemons	Mike Williams	SUPERVISOR, DISTRICT II	
Printed Name	Title		
1-30-90			
Date	806-794-0435		
	Telephone No.		

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104
1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
2) All sections of this form must be filled in.