Production Clerk

9/25/87 (Pale)

(Tale)

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HOLTONATION

## OIL CONSERVATION DIVISE P. O. BOX 2088 SANTA FE, NEW MEXICO 87501

RECEIVED

VA.O.S.	REQUEST FO	REQUEST FOR ALLOWABLE			SEP 25 '87	
THANSPORTER OIL DAS	AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS			O. C. D.		
PROBATION OFFICE	AUTHORIZATION TO TRANSIC CO.			ARTESIA, OFFICE		
Chatatot				,		
Marbob Energy Cor	poration V		······································			
P.O. Drawer 217,	Altebia, Men Henri	210 Other (Please	explain)			
Reason(s) for liling (Check proper box)	Change in Transporter of:	i i		AD CAS MALIST I	NOT RE	
New Well	CASINGHEAD OA					
flecompletion Change in Ownership	Castinghead Cas Condensate FLARED			AFTER1/- 3 -87		
				N EXCEPTION FR	MOM	
If change of ownership give name and address of previous owner			HE B. L. M	. IS OBTAINED		
DESCRIPTION OF WELL AND	LEASE. Well No. Pool Name, Including I	Formulion Kind of Lease			NM-	
Lease Name	3 Grbg Jackson	SR Q Grbg SA	State, Federal	or Fee Fed.	016786	
Raper Federal						
Unit Letter <u>H</u> : 231	O Feel From The North LI	ne and <u>330</u>	Feet From T	h• <u>East</u>		
	enship 175 Range	29E , NMPM	. Eddy		County	
Line of Section 11						
DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL G.	AS   Address (Cive address t	o which approv	ed copy of this form is	to be sent)	
Name of Authorized Transporter of Oil	w of containers	2	040 M; 31:	and TX 79702		
Pride Pipeline Company Nume of Authorited Transporter of Cas	singhead Gas or Dry Gas	Address (Give address 1	ιο ωλιελ αρρίου	rea copy of this form is	to be sent;	
Phillips 66 Natural Gas	: Company	4001 Penbrook,	Odessa, Whe	TX 79762		
If well preduces oil or liquids,	Unit Sec. 1 wp.	Is gas actually connecte	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	•••		
interesting of tanks.	G 11 175 29E		number:			
If this production is commingled with	th that from any other lease or poor			Plug Back   Same Re	s'v. Dill. Res'v	
COMPLETION DATA	Oil Well Gas Well	New Well Workover	Deepen	1		
Designate Type of Completic	Date Compl. Ready to Prod.	Total Depth		P.B.T.D.		
Date Spudded	9/23/87	4590'		4492'		
9/2/87 Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oll/Gas Pay		Tubing Depth		
3643.2' GR San Andres		2816'		3320' Depth Casing Shoe		
Perforations				4574.14'		
2816-3228' attached	TUBING CASING, AN	ID CEMENTING RECOR	D			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SE	ET	SACKS CE	ID-2	
12 1/4"	8 5/8" 24#	335'	<del></del>		9-87	
7 7/8"	5 1/2" 17#	4574.14'	<del></del>		+ BK	
	2 7/8"	3320'		/		
TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be	after recovery of total volu	me of load oil	and must be equal to or	exceed top allou	
OIL WELL		Producing Method (Flou	v, pump, zas lij	(t, etc.)		
Date First New Oil Run To Tanks	Date of Test	Pumping				
9/23/87	9/24/87 Tubing Pressure	Casing Pressure		Choke Size		
Length of Teet	Laping Plassac					
24 hrs. Actual Prod. During Test	Oil-Bhis.	Water - Bbls.		170		
39	39	frac wtr		170	<del></del>	
Actual Frod. Tool-MCF/D	Length of Test	Bbls. Condensate/AMC	F	Gravity of Condensat	•	
		Cosing Pressure (Shut	-in)	Choke Size		
Testing Method (pitot, back pr.)	Tubing Presswe (shut-in)			<u> </u>		
CERTIFICATE OF COMPLIAN	CE	OIL CONSERVATION DIVISION				
		APPROVED	APPROVED SEP 3 0 1987, 19			
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.		Original Signed By				
		1)	BYLes A. Clements			
$\bigcap$		TITLE	Supervisor	- District II		
$\langle b   l \rangle$		This form is to be filed in compliance with nut 2 1104.  If this is a request for allowable for a newly drilled or despens				
The toda 1	USON	If this is a rod	uest for allow	vable for a newly Gri mind by a tabulation	of the deviation	
(Sian	atwe)	well, this form mus	well in accor	dance with AULE 1	ii.	

If this is a request for allowable for a newly drilled or despensed well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with MULK 111.

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

Fill out only Sections 1, 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.