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OIL	1
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REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GASRECEIVED BY
DEC 11 1986
O. C. D.
ARTESIA, OFFICE

To: B & A Operating Co. ✓

Address
P.O. Box 136, Lovington, N.M. 88260

Reason(s) for filing (Check proper box)

New Well ☐
Recompletion ☐
Change in Ownership ☐

Change in Transporter of:

Oil ☐ Dry Gas ☐
Casinghead Gas ☐ Condensate ☐

Other (Please explain)

Change of Operator from:
Clifford Cone
Effective: 7-1-86If change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
Culwin Queen Unit	10	Shugart, Y ^{SR-8} On 7R G	State, Federal or Fee State	E-7811

Location

Unit Letter N : 330 Feet From The South Line and 2310 Feet From The WestLine of Section 36 Township 18S Range 30E , NMPL, Eddy County

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)

Texas-New Mexico Pipeline Co.

P.O. Box 1510, Midland, Texas 79702

Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐

Phillips Petroleum

Address (Give address to which approved copy of this form is to be sent)

4001 Penbrook, Odessa, Texas 79762

If well produces oil or liquids,
give location of tanks.

Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
1	36	18S	30E	yes	6, 1960

(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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Resrv.	Diff. Resrv.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
Elevations (DF, RAB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
Perforations	Depth Casing Shoe							

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
			Part FD-3
			1-20-87
			Chg. Op

TEST DATA AND REQUEST FOR ALLOWABLE
OIL WELL

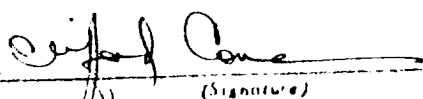
(Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks	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/MMCF	Gravity of Condensate
Testing Method (probe, 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.
(Signature)

Manager/Operations

(Title)

6-25-86

(Date)

OIL CONSERVATION DIVISION

APPROVED JAN 2 6 1987, 19BY Original Signed By
Mike WilliamsTITLE Oil & Gas Inspector

This form is to be filed in compliance with RULE 1154.

If this is a request for allowable for a newly drilled or deepened
well, this form must be accompanied by a calculation of the deviation
tests taken on the well in accordance with RULE 111.All sections of this form must be filled out completely for allow-
able on new and recompleted wells.Fill out only Sections I, II, III, and VI for changes of owner-
ship, well name or number, or transporter, or other such change of condition.Separate Form C-104 must be filed for each pool in multiple
test wells.