

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

RECEIVED BY  
DEC 11 1986  
O. C. D.  
ARTESIA, OFFICE

6
1
1
2

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

To: B & A Operating Co.

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

Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	Change of Operator from: Clifford Cone Effective: 7-1-86
Recompletion <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	
Change in Transporter of: Oil <input type="checkbox"/> Change in Transporter of: Casinghead Gas <input type="checkbox"/>	Dry Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of ownership give name and address of previous owner \_\_\_\_\_

DESCRIPTION OF WELL AND LEASE		Unit #14-08 0018772	
Lease Name Culwin Queen Unit	Well No. 1	Pool Name, including Formation Shugart, Y <sup>SR-S</sup> <del>OR</del> <sup>GR</sup> G	Lease No. B-2023

Location  
Unit Letter H : 2310 Feet From The North Line and 660 Feet From The East  
Line of Section 36 Township 18S Range 30E , NMPM, Eddy County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS		Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Oil (X) or Condensate <input type="checkbox"/>	Texas-New Mexico Pipeline	P.O. Box 1510, Midland, Texas 79702	
Name of Authorized Transporter of Casinghead Gas (X) or Dry Gas <input type="checkbox"/>	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 <u>1</u> Sec. <u>36</u> Twp. <u>18S</u> Rge. <u>30E</u>	Is gas actually connected?	When <u>6-1960</u>

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

COMPLETION DATA		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Restv.	Diff. Restv.
Designate Type of Completion -- (X)									
Date Spudded	Date Compl. Ready to Prod.	Total Depth			P.B.T.D.				
Elevations (DF, RAB, RI, 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
			<u>Post FD-3</u> <u>1-30-87</u> <u>Shg OP</u>

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 (puol, 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.

Clifford Cone  
(Signature)  
Manager/Operations  
(Title)  
6-25-86  
(Date)

OIL CONSERVATION DIVISION

APPROVED JAN 26 1987, 19\_\_

BY Original Signed By  
Mike Williams  
Oil & Gas Inspector

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 deviate 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 committee.  
Separate Form C-104 must be filed for each pool in multiply completed wells.