

### OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

JAN 30 '90

### REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

O. C. D.  
ARTESIA, OFFICE

Operator <b>Jack Phemo NS</b>		Well API No.
Address <b>8216 Chicago hubbuck tex 79474</b>		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> New Well <input type="checkbox"/> Change in Transporter of: Completion <input type="checkbox"/> Oil <input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/> Change in Operator <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>		
Name of operator give name Address of previous operator		

DESCRIPTION OF WELL AND LEASE				
Well Name <b>Friess</b>	Well No. <b>4</b>	Pool Name, Including Formation <b>Grayburg Jackson</b>	Kind of Lease State, Federal or Fee <b>Federal</b>	Lease No. <b>LC065015</b>
Unit Letter <b>F</b>	<b>1650</b>	Fect From The <b>North</b> Line and	<b>1650</b>	Fect From The <b>West</b> Line
Section <b>30</b>	Township <b>17S</b>	Range <b>31E</b>	NMPM <b>Kelly</b>	County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS				
Name of Authorized Transporter of Oil or Condensate <b>Pride Pipeline Company</b>	<input checked="" type="checkbox"/>	Name of Authorized Transporter of Casinghead Gas or Dry Gas <b>None</b>	Address (Give address to which approved copy of this form is to be sent) <b>P.O. Box 2436 Abilene Texas 79604</b>	
Does well produce oil or liquids, or location of tanks. <b>IC 130 117S 31E</b>	Unit	Sec.	Twp	Rge
Is gas actually connected?	<b>NO</b>			

COMPLETION DATA								
Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded	Date Compl. Ready to Prod.		Total Depth	P.B.I.D.				
Evaluations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay	Tubing Depth				
Other Information				Depth Casing Shoe				

TUBING, CASING AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT <b>Post ID-3 2-23-90 chgt. NRC</b>

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/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut in)	Casing Pressure (Shut in)	Choke Size

I. OPERATOR 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 	Title <b>Agent</b>
Printed Name <b>Jack Phemo NS</b>	Telephone No. <b>906-794-0435</b>
Date <b>1-30-90</b>	

OIL CONSERVATION DIVISION	
Date Approved	<b>FEB 16 1990</b>
By	ORIGINAL SIGNED BY <b>MIKE WILLIAMS</b>
Title	SUPERVISOR, DISTRICT II