

DISTRIBUTION

SANTA FE

FILE

U.F.G.S.

LAND OFFICE

TRANSPORTER

OPERATOR

PRORATION OFFICE

NEW MEXICO OIL CONSERVATION COM. ION

REQUEST FOR ALLOWABLE AND

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form O-100

Superintendent O-100-101 or O-110

Effective 1-1-65

RECEIVED

JUL -7 1986

O. C. D.

Operator

R. C. Bennett Company

Address

P. O. Box 264; Midland, Texas 79702

Reason(s) for filing (Check proper box)

Other (Please explain)

New Well

Change in Transporter of:

Recompletion

Oil

Change of Ownership

Casinghead Gas

Dry Gas

Condensate

If change of ownership give name and address of previous owner

R. C. Bennett & J. C. Ryan

Lease Name

Lone Tree

Well No.

1

Pool Name, Including Formation

Wildcat Prairie Draw Marrow

Kind of Lease

State, Federal or Fee

State

Lease No.

K-6289

Location

Unit Letter C

660

Feet From The North

Line and

1980

Feet From The West

Line of Section 32

Township 18S

Range 25E

NMPM,

Eddy

County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil or Condensate

Navajo Crude Oil Purchasing Co.

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

P. O. Drawer 175; Artesia, NM 88210

Name of Authorized Transporter of Casinghead Gas or Dry Gas

El Paso Natural Gas

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

P. O. Box 1492; El Paso, TX 79978

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

Unit

Sec.

Twp.

Rec.

Is well actually connected?

When

yes

11-11-77

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 Rest.

Diff. Rest.

Date Spudded

Date Compl. Ready to Prod.

Total Depth

P.B.T.D.

Elevations (DF, REB, 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

1 set ED-3

10-10-86

etc. of name

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 (pilot, 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 Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

R. C. Bennett, Owner

June 30, 1986

OIL CONSERVATION COMMISSION

APPROVED OCT 3 1986

Original Signed By Les A. Clements

TITLE Supervisor District 11

This form is to be filed in compliance with RULE 111.

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

All sections of this form must be filled out completely for use 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 condition.