

DISTRIBUTION	
SANTA FE	☒
FILE	☒
U.S.G.S.	☒
LAND OFFICE	☒
TRANSPORTER	☒
OIL	☒
GAS	☒
OPERATOR	☒
PRODUCTION OFFICE	☒

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-101
Supersedes Old C-101 and C-110
Effective 1-1-65

RECEIVED BY
AUG 10 1984
O. C. D.
ARTESIA, OFFICE

Operator Elf Oil Corp. Chevron U.S.A.
Address P.O. Box 670, Hobbs, Nm 88240
Reason(s) for filing (Check proper box)
New Well ☐ Change in Transporter of:
Completion ☒ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐
Other (Please explain)

change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name <u>Eddy "YK" State Corn</u>	Well No. <u>2</u>	Production, including Formation <u>Permian Penn</u>	Kind of Lease <u>State</u> Federal or Fee <u>L-1/23</u>	Lease No.
Location Unit Letter <u>F</u> : <u>2310</u> Feet From The <u>North</u> Line and <u>1980</u> Feet From The <u>West</u> Line of Section <u>19</u> Township <u>18S</u> Range <u>25E</u> , NMPM, <u>Eddy</u> County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☒ <u>Permian Corp.</u> Permit <u>11/87</u>	Address (Give address to which approved copy of this form is to be sent) <u>Box 3119, Midland Tx. 79701</u>					
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒ <u>El Paso Natural Gas Co.</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 1492, El Paso, 24 79999</u>					
If well produces oil or liquids, give location of tanks.	Unit <u>F</u>	Soc. <u>19</u>	Twp. <u>18</u>	Rge. <u>25</u>	Is gas actually connected? <u>No</u> yes	When <u>10-27-85</u>

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 Res'v.	Diff. Res'v.
		☒				☒		☒
Date Spudded <u>7-23-84</u>	Date Compl. Ready to Prod. <u>7-27-84</u>	Total Depth <u>8708'</u>	P.B.T.D. <u>8415'</u>					
Elevations (DF, RKB, RT, CR, etc.) <u>3643' GL</u>	Name of Producing Formation <u>Permian Penn</u>	Top Oil/Gas Pay <u>6582'</u>	Tubing Depth <u>6522'</u>					
Perforations <u>6582'-6982'</u>			Depth Casing Shoe <u>-</u>					

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE <u>No New Csg</u>	CASING & TUBING SIZE <u>2 3/8"</u>	DEPTH SET <u>6522'</u>	SACKS CEMENT

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 <u>250</u>	Length of Test <u>4 hrs</u>	Bbls. Condensate/MMCF <u>0</u>	Gravity of Condensate <u>0</u>
Testing Method (spot, back pr.) <u>flow</u>	Tubing Pressure (shut-in) <u>1182</u>	Casing Pressure (shut-in) <u>0</u>	Choke Size <u>32/64</u>

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.

RQ Pitzer
(Signature)

AREA ENGINEER
(Title)

8-6-84
(Date)

OIL CONSERVATION COMMISSION

APPROVED NOV 12 1985, 19
BY Original Signed By
Les A. Clements
TITLE Supervisor District II

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 deviation 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 condition.