

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

RECEIVED

NOV 05 1981

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

O. C. D.
ARTESIA OFFICE

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DISTRIBUTION	
SANTA FE	1
FILE	1
U.S.O.B.	
LAND OFFICE	
TRANSPORTER	OIL 1
	NATURAL GAS 1
OPERATOR	1
PRODUCTION OFFICE	1

I. Operator
Holly Energy Inc. /
Address
P.O. Box 726 Artesia, New Mexico 88210

Reason(s) for filing (Check proper box) Other (Please explain)

New Well Change In Transporter of:
Recompletion Oil Dry Gas
Change In Ownership Casinghead Gas Condensate

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Cowtown Loyd</u>	Well No. <u>1</u>	Pool Name, Including Formation <u>Unders. Travis Upper Penn</u>	Kind of Lease State, Federal or Fee <u>State</u>	Lease No. <u>St 647 Tr</u>
Location Unit Letter <u>I</u> : <u>1830</u> Feet From The <u>South</u> Line and <u>510</u> Feet From The <u>East</u> Line of Section <u>14</u> Township <u>18-S</u> Range <u>28-E</u> , NMPM, <u>Eddy</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <u>Navajo Crude Oil Purchasing Co.</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Drawer 175 Artesia, New Mexico 88210</u>			
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> <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 1384 Jal New Mexico 88252</u>			
If well produces oil or liquids, give location of tanks.	Unit <u>I</u>	Sec. <u>14</u>	Twp. <u>18-S</u>	Rge. <u>28-E</u>
Is gas actually connected? <u>Yes</u> When <u>4-14-82</u> <u>app. Nov. 18-1981</u>				

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Restv.	Diff. Restv.
Date Spudded <u>2-2-81</u>	Date Compl. Ready to Prod. <u>4-16-81</u>		Total Depth <u>9897</u>		P.B.T.D. <u>9864</u>			
Elevations (DF, RKB, RT, GR, etc.) <u>3573.1</u>	Name of Producing Formation <u>Upper Penn</u>		Top Oil/Gas Pay <u>9630</u>		Tubing Depth <u>9574</u>			
Perforations <u>9630-36 9646-52 9710-28 9754-62 9780-86</u>				Depth Casing Shoe <u>9898</u>				

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<u>17 1/2</u>	<u>13-3/8</u>	<u>321</u>	<u>325 sacks</u>
<u>11</u>	<u>8-5/8</u>	<u>3102</u>	<u>1285 sacks</u>
<u>7-7/8</u>	<u>5-1/2</u>	<u>9897</u>	<u>760 sacks</u>

V. 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 <u>4-16-81</u>	Date of Test <u>4-16-81</u>	Producing Method (Flow, pump, gas lift, etc.) <u>Flowing</u>	
Length of Test <u>24</u>	Tubing Pressure <u>260</u>	Casing Pressure <u>Packer</u>	Choke Size <u>20/64</u>
Actual Prod. During Test	Oil - Bbls. <u>60</u>	Water - Bbls. <u>13</u>	Gas - MCF <u>303</u>

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

VI. 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.

Robert Loyd
(Signature)
Superintendent
(Title)
11-4-81
(Date)

OIL CONSERVATION DIVISION

APPROVED APR 26 1981
BY W. A. Griesett
TITLE SUPERVISOR, DISTRICT #

This form is to be filed in compliance with RULE 1104.
If this is a request for allowable for a newly drilled or deep well, this form must be accompanied by a tabulation of the device tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for all wells on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of well name or number, or transporter, or other such change of condition.
Separate Forms C-104 must be filed for each pool in multi-completed wells.