

Revised 10-1-78  
**RECEIVED**  
**OCT 28 1981**  
O. C. D.  
ARTESIA, OFFICE

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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**I.**  
Operator  
Holly Energy Inc.  
Address  
P.O. Box 726 Artesia, New Mexico 88210  
Reason(s) for filing (Check proper box)  
New Well ☒ Change in Transporter of:  
Recompletion ☐ Oil ☐ Dry Gas ☐  
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐

Other (Please explain)  
**CASINGHEAD GAS MUST NOT BE  
FLARED AFTER 12-12-81  
UNLESS AN EXCEPTION TO Rule 306  
IS OBTAINED**

If change of ownership give name and address of previous owner  
Ex # 2-578 until 3-15-82  
Ex # 2-602 - 6-15-82

**II. DESCRIPTION OF WELL AND LEASE**

Lease Name <u>Nelson</u>	Well No. <u>7</u>	Pool Name, including Formation <u>Grayburg-San Andres-Queen</u>	Kind of Lease <u>Federal</u>	Lease No. <u>NM01159</u>
Location Unit Letter <u>A</u> : <u>990</u> Feet From The <u>North</u> Line and <u>330</u> Feet From The <u>East</u> Line of Section <u>3</u> Township <u>18-S</u> Range <u>30-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. 175 Artesia, New Mexico 88210</u>	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
If well produces oil or liquids, give location of tanks.	Unit <u>A</u>	Sec. <u>3</u>
	Twp. <u>18-S</u>	Rge. <u>30-E</u>
	Is gas actually connected? <u>No</u> When	

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 <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Rest'v. <input type="checkbox"/>	Diff. Re. <input type="checkbox"/>
Date Spudded <u>7-30-81</u>	Date Compl. Ready to Prod. <u>10-12-81</u>		Total Depth <u>3800</u>		P.B.T.D. <u>3663</u>			
Elevations (DF, RKB, RT, GR, etc.) <u>3570.2 GR</u>	Name of Producing Formation <u>Lovington</u>		Top Oil/Gas Pay <u>3540</u>		Tubing Depth <u>3629</u>			
Perforations <u>3540-54</u> <u>3558-62</u>					Depth Casing Shoe <u>3796</u>			

TUBING, CASING, AND CEMENTING RECORD				SACKS CEMENT	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET			
12 1/4	8-5/8	516		325 sx C1. "C" 2% cac	
7-7/8	4-1/2	3796		250 sx 65/35 "C" poz	
				400 sx RFC 3% cac1.	
				DV tool @2930'	

**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 of hole for this depth or be for full 24 hours)

Date First New Oil Run To Tanks <u>10-12-81</u>	Date of Test <u>10-12-81</u>	Producing Method (Flow, pump, gas lift, etc.) <u>Pumping</u>	
Length of Test <u>24</u>	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test <u>38 bbls.</u>	Oil-Bbls. <u>38</u>	Water-Bbls. <u>92</u>	Gas-MCF <u>TSTM</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)  
10-26-81  
(Date)

OIL CONSERVATION DIVISION  
**OCT 30 1981**  
APPROVED BY W.A. Gressett  
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 deep well, this form must be accompanied by a tabulation of the dev 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 conditions.  
Separate Forms C-104 must be filed for each pool in multi-completed wells.

