

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

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ARTESIA, OFFICE

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SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	<input checked="" type="checkbox"/> OIL <input checked="" type="checkbox"/> GAS
OPERATOR	
PROMOTION OFFICE	
Operator	

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Address PREMIER PRODUCTION CO.
324 W. Main Artesia, NM. 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 1-2-84 UNLESS AN EXCEPTION TO IS OBTAINED Rule 306**
Change of ownership give name and address of previous owner _____

DESCRIPTION OF WELL AND LEASE R-7372 10/20/83
Lease Name ALICK Federal Well No. 1 Pool Name, including Formation Turkey Track SR, Q, CB, SA Kind of Lease FED Lease No. NM 17220
Location
Unit Letter M : 990 Feet From The South Line and 330 Feet From The West
Line of Section 23 Township 18S Range 29E , NMPM. Eddy County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
Name of Authorized Transporter of Oil ☒ or Condensate ☐
The Permian Corporation Permian Address (Give address to which approved copy of this form is to be sent) P.O. Box 1183 Houston, Texas 77001
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐
Phillips Petroleum Company Address (Give address to which approved copy of this form is to be sent) 410 1B HS&L Bldg, Bartlesville, OK. 74000
If well produces oil or liquids, give location of tanks. Unit m Sec. 23 Twp. 18 Rge. 29 Is gas actually connected? NO When 60 Days

(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 Res'y.	Diff. F.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Date Spudded 12-31-82 Date Compl. Ready to Prod. 7-18-83 Total Depth 3527 P.B.T.D. 2934
Elevations (DF, RKB, RT, GR, etc.) GL 3473 Name of Producing Formation Queen Grayburg Top Oil/Gas Pay Yates Tubing Depth 2651
Perforations 2701-2710 10 Shots; 2640- 2660 10 Shots; 2506- 2524 14 Shots; 2059-2085 20 Shots; 21 06 - 2114 5 Shots Depth Casing Shoe 3527

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
18"	13 3/8"	32'	4 Yds redden mix
12 1/2" =	8 5/8"	337'	200 Sax/ 10 Yds Redi.
7 7/8"	4 1/2"	3527"	1500 Sax Cir.

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 7-18-83 Date of Test 7-18-83 Producing Method (Flow, pump, gas lift, etc.) pump
Length of Test 24 hrs Tubing Pressure ----- Casing Pressure ----- Choke Size Post TD-2 11-4-83 Comp + Bkt.
Actual Prod. During Test 14 Oil-Bbls. 14 Water-Bbls. 40 Gas-MCF 99

GAS WELL
Actual Prod. Test-MCF/D ----- Length of Test ----- Bbls. Condensate/MMCF ----- Gravity of Condensate -----
Testing Method (puot, 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 Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.
[Signature]
owner/operator
(Title)
10-25-83
(Date)

OIL CONSERVATION DIVISION
OCT 31 1983
APPROVED Original Signed by
BY Leslie A. Clements
Supervisor District II
TITLE _____
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 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 owner, 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.