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# REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator		Well API No.	
O K Hot Oil Service, Inc. ✓		30-015-24590	
Address			
Orthell Kinnibrugh P.O. Box 146 Loco Hills, NM 88255			
Reason(s) for Filing (Check proper box)			
New Well <input type="checkbox"/>		Change in Transporter of:	
Completion <input type="checkbox"/>		Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	
Change in Operator <input checked="" type="checkbox"/>		Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
<input type="checkbox"/> Other (Please explain)			
If change of operator give name and address of previous operator			
Bernard Cleve/Elk Cattle Co., Hope, New Mexico 88250			

## I. DESCRIPTION OF WELL AND LEASE

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Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease FED. State, Federal or Fee	Lease No.
Arco Federal	1	Loco Hills, Qn/GB/SA		NM-34461
Location				
Unit Letter	B	:	330'	Feet From The NORTH Line and 2310' Feet From The EAST Line
Section	21	Township	18 South Range	29 EAST, NMPM, EDDY County

## II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

<b>II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS</b>										
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>					Address (Give address to which approved copy of this form is to be sent)					
Navajo Refinery Co.					P.O. Box 159					
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 B	Sec. 21	Twp. 18S	Rge. 29E	Is gas actually connected? no	When ?
If this production is commingled with that from any other lease or pool, give commingling order number:										

#### V. COMPLETION DATA

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Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.			
Elevations (DF, RKB, 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

## 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.)

OIL WELL (Test must be after recovery of total volume of well oil and must be equal to or exceed top and bottom gas lift impact of 20 ft. gas column.)			
Date First New Oil Run To Tank	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 ( <i>pilot, back pr.</i> )	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

## VI. OPERATOR 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 Debra Sallee Agent

Printed Name	Title
04-30-93	746-6233
Date	Telephone No.

## OIL CONSERVATION DIVISION

Date Approved MAY 16 1993

By ORIGINAL SIGNED BY  
MIKE WILLIAMS  
Title SUPERVISOR, DISTRICT II

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**INSTRUCTIONS:** This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.