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

RECEIVED BY
FEB 19 1987
O. C. D.
ARTESIA OFFICE

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I

Operator

Steve Sell

Address

P. O. Box 5061, Midland, Texas 79704

Reason(s) for filing (Check proper box)

New Well	X	Change in Transporter of:	
Recompletion	☐	Oil ☐	Dry Gas ☐
Change in Ownership	☐	Casinghead Gas ☐	Condensate ☐

Other (Please explain)

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

II DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease
Cal-Mon	#2	Loco Hills, Q, GR, SA	State, Federal or Fee State	LG-4524

Location

Unit Letter ___L___ : ___1650___ Feet From The ___South___ Line and ___330___ Feet From The ___West___

Line of Section ___16___ T'mship ___18S___ Range ___29E___ , NMPM, ___Eddy___ Cou

III DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐	Address (Give address to which approved copy of this form is to be sent)
Phillips Petroleum	P.O. Box 791, Midland, Texas 79702
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐	Address (Give address to which approved copy of this form is to be sent)
Phillips Petroleum	P.O. Box 791, Midland, Texas 79702

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	L	16	18S	29E	Yes	1-27-87

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

IV COMPLETION DATA

Designate Type of Completion — (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. R.
	X		X					

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
12-13-86	1-31-87	3045'	2960'

Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
3531' Grd.	Queen, Grayburg	2228	2596'

Perforations	Depth Casing Shoe
2228-2558' w/10shots	3023'

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 ¼"	24# 8 5/8"	365'	200 sxs. "C"
7 7/8"	17" 5½"	3023'	500 sxs. "Lite"
			200 sxs. "C"
	2 7/8	2596	

V TEST DATA AND REQUEST FOR ALLOWABLE

(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)
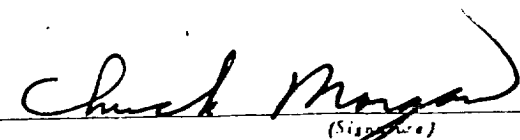
OIL WELL

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
2-5-87	2-10-87	Pump	

Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hrs.	0	0	N.A.

Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF
56	55	1	30 MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate

Testing Method (pitot, 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.

Chuck Morgan
(Signature)

Agent
(Title)

2-19-87
(Date)

OIL CONSERVATION DIVISION

APPROVED _____ , 19 ___

BY _____

TITLE _____

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deeper well, this form must be accompanied by a tabulation of the data tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for all able on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of or well name or number, or transporter, or other such change of condit

Separate Form C-104 must be filed for each pool in multi