

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REC'D BY

AUG 6 - 1987

O. C. D.

ARTICLE OFFICE

I

NO. OF COPIES REQUIRED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.D.	
LAND OFFICE	
TRANSPORTER	
OIL	
GAS	
OPERATOR	
PRODUCTION OFFICE	

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator
Steve Sell

Address
P. O. Box 5061, Midland, Texas 79704

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)

If change of ownership give name
and address of previous owner

II DESCRIPTION OF WELL AND LEASE

Lease Name Cal-Mon	Well No. 3	Pool Name, Including Formation Loco Hills, Q-GR-SA	Kind of Lease State, Federal or Fee State	Lease No. LG-4524
Location				
Unit Letter M	990	Feet From The South	Line and 990	Feet From The West
Line of Section 16	T. and R. 18S	Range 29E	N.M.P.M. Eddy	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"/>	Address (Give address to which approved copy of this form is to be sent)
Phillips Petroleum Co.	P. O. Box 791, Midland, Texas 79702
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Phillips Petroleum Co.	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 8-4-87

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 Res'v. <input type="checkbox"/> Diff. Res'v. <input type="checkbox"/>
Date Spudded 5-27-87	Date Compl. Ready to Prod. 7-30-87
Total Depth 2897'	P.B.T.D. 2838'
Elevations (DF, RKB, RT, CR, etc.) 3531' Grd.	Name of Producing Formation Queen, Grayburg
Top Oil/Gas Pay Queen 2164'	Tubing Depth 2657'
Perforations 2484-2490', 2548-2551', 2596-99, 2464-2474'	Depth Casing Shoe 2895'
TUBING, CASING, AND CEMENTING RECORD	
HOLE SIZE 8 5/8"	CASING & TUBING SIZE 24#
5 1/2"	14-17#
2 7/8"	2657'
DEPTH SET 318'	
2895'	
SACKS CEMENT 200 sxs. "C"	
250 "C" and 450 Lite.	

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 8-1-87	Date of Test 8-5-87	Producing Method (Flow, pump, gas lift, etc.) Pump
Length of Test 24 hrs.	Tubing Pressure	Casing Pressure
Actual Prod. During Test	Oil-Bbls. 80	Water-Bbls. 5
		Gas-MCF 38

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (prior, back pr.)	Tubing Pressure (Shot-in)	Casing Pressure (Shot-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

8-7-87

(Date)

OIL CONSERVATION DIVISION

APPROVED

AUG 21 1987

BY

Original Signed By

Les A. Clement

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 deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable 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 filled for each pool in multiple completed wells.