

REGISTRATION OFFICE	
DISTRIBUTION	
PROPERTY	<input checked="" type="checkbox"/>
LEASE	<input checked="" type="checkbox"/>
OPERATION	
REGISTRATION OFFICE	
TRANSPORTER	<input checked="" type="checkbox"/>
OPERATION	
REGISTRATION OFFICE	

RECEIVED BY
DEC -3 1986
O. C. D.

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE AND ARTESIAN PRODUCTION TO TRANSPORT OIL AND NATURAL GAS

Name: Frank Boyce ~~the~~ Frank Boyce

Address: P.O. Box 426, Artesia, New Mexico 88210

<input type="checkbox"/> Well Completion <input type="checkbox"/> Change in Ownership	Change in Transporter of: <input type="checkbox"/> Oil <input type="checkbox"/> Casinghead Gas	<input type="checkbox"/> Dry Gas <input type="checkbox"/> Condensate	Other (Please explain)
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Name of ownership give name of previous owner: Sure Energy, P.O. Box 426, Artesia, New Mexico 88210

DESCRIPTION OF WELL AND LEASE

Well No. <u>2</u>	Pool Name, including Formation <u>Wildcat</u> Delaware	Kind of Lease State, Federal or Fee <u>State</u>	Lease No. <u>E-5073</u>
Description: <u>State</u> <u>Outpost</u>			
Wellbore: <u>H</u> : <u>1980</u> Feet From The <u>North</u> Line and <u>660</u> Feet From The <u>East</u>			
Section <u>25</u>	Township <u>19S</u>	Range <u>28E</u>	NMPM, <u>Eddy</u> County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

<input checked="" type="checkbox"/> Authorizes Transporter of Oil or Condensate <u>Phillips Petroleum Company</u>	Address (Give address to which approved copy of this form is to be sent) <u>Truck 4001, Penbrook, Odessa, Texas 79762</u>
<input type="checkbox"/> Authorized Transporter of Casinghead Gas or Dry Gas <u>Same</u>	Address (Give address to which approved copy of this form is to be sent) <u>Same</u>
Produces oil or liquids, or combination of liquids. Unit <u>H</u> Sec. <u>25</u> Twp. <u>19S</u> Rge. <u>28E</u>	Is gas actually connected? <u>yes</u> When <u>12/85</u> <u>Past FD-3 12-5-86 chg op</u>

If production is commingled with that from any other lease or pool, give commingling order number: _____

Complete Parts IV and V on reverse side if necessary.

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 is true and complete to the best of my knowledge and belief.

Frank Boyce
(Signature)
OWNER
(Title)
12-3-86
(Date)

OIL CONSERVATION DIVISION

APPROVED DEC 3 1986, 19____
BY Les A. [Signature]
TITLE Supervisor District #1

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 filed for each pool in multiply completed wells.

12 02 1985

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Resrv.	Diff. Resrv.
	XX		Re-Entry					
Date	Date Compl. Ready to Prod.	Total Depth		P.B.T.D.				
12-23-85	12-16-85	3500		3800				
(IDF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay		Tubing Depth				
GL	Delaware	3159		3248				
159, 61, 63, 65, 67, 78, 80, 82, 85, 87, 89						Depth Casing Shoe		
16, 18, 20, 22, 24, 26, 28, 30, 34, 36, 40, 42, 44, 46, 48						3200		

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
1 7/8	8 5/8 24#	836	400 SX
1 7/8	5 1/2 14#	2017	400 SX
1 7/8	4 13#	3500	720 SX

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)

Date New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
12-20-85	12-23-85 to 12-24-85	pump	
Test	Tubing Pressure	Casing Pressure	Choke Size
	660 psi	840 psi	24/64
Oil - Bbls.	Oil - Bbls.	Water - Bbls.	Gas - MCF
80	80	80	800 mcf

Oil - MCF	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Pressure (plug, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size