

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

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DEC 11 1986  
O. C. D.  
ARTESIA, OFFICE

DISTRIBUTION	6
SALES	✓
FILE	✓
USE	
LAND OFFICE	
TRANSPORTER	1
OPERATOR	2
REGISTRATION OFFICE	

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

To: B & A Operating Co.  
Address  
P.O. Box 136, Lovington, N.M. 88260

Reason(s) for filing (Check proper box) Other (Please explain)

New Well	<input type="checkbox"/>	Change in Transporter of:		Change of Operator from:	
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>	Clifford Cone	
Change in Ownership	<input type="checkbox"/>	Castinghead Gas	<input type="checkbox"/>	Effective: 7-1-86	
		Dry Gas	<input type="checkbox"/>		
		Condensate	<input type="checkbox"/>		

If change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE Unit #14-08 0018772

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
Culwin Queen Unit	6	Shugart, Y On 7R G	State, Federal or Fee Federal	

Location  
Unit Letter L : 1980 Feet From The South Line and 592 Feet From The West  
Line of Section 31 Township 18S Range 31 NMPM, Eddy County

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)
Texas-New Mexico Pipeline Co.	P.O. Box 1510, Midland, Texas 79702
Name of Authorized Transporter of Castinghead 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	4001 Penbrook, Odessa, Texas 79762

If well produces oil or liquids, give location of tanks.

Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
1	36	18S	30E	yes	6, 1960

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'v.	Diff. Res'v.
<input checked="" type="checkbox"/>								

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Elevations (DF, RAB, RT, CR, 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
			Post ED-3 1-30-87 Chg OP

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	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 (prior, 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.

*Clifford Cone*  
(Signature)  
Manager/Operations  
(Title)  
6-25-86  
(Date)

OIL CONSERVATION DIVISION

APPROVED JAN 26 1987, 19

BY Original Signed By Mike Williams  
Oil & Gas Inspector

TITLE \_\_\_\_\_

This form is to be filed in compliance with RULE 118.  
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 Form C-104 must be filled for each pool in multiply completed wells.