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LAND OFFICE	
TRANSPORTER OIL / GAS	
OPERATOR	
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NEW MEXICO OIL CONSERVATION COMMISSION

REQUEST FOR ALLOWABLE

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

RECEIVED

NOV 13 1975

O. C. C.
ARTESIA, OFFICE

I. Operator

BABER WELL SERVICING CO. ✓

Address

P. O. BOX 1772, HOBBS NEW MEXICO 88240

Reason(s) for filing (Check proper box)

New Well [ ]
Recompletion [X]
Change in Ownership [X]

Change in Transporter of:
Oil [ ]
Casinghead Gas [ ]

Other (Please explain)

If change of ownership give name and address of previous owner

PHILLIPS PETROLEUM CO., PHILLIPS BLDG., ODESSA, TEXAS 79761

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease
ROYAL - A	I	Wildcat	State, Federal or Fee State E-10083

Unit Letter K 1980 Feet From The South Line and 1965 Feet From The west

Line of Section 16 Township 20-S Range 25-E NMPM, Eddy

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)

Name of Authorized Transporter of Casinghead Gas [ ] or Dry Gas [ ]

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	Sec.	Twp.	Rge.	Is gas actually connected?	When

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	Gas Well	New Well	Workover	Deepen	Plug Back
	X					X

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
10/25/75	None	2212	2212

Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
GR	None	None	

Perforations	Depth Casing Shoe

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
	20"	32'	Circulated
12 1/4	8 5/8"	2302'	Circulated
	2 3/8"	1200'	

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.)	

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 (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 Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

BABER WELL SERVICING CO.

By: Guy Baber
(Signature)

President
(Title)

10/25/75
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____

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 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 operator, well name or number, or transporter, or other such change.