

DISTRIBUTION	
SALES REP	☒
FILE	☒
U.S.G.S.	☐
LAND OFFICE	☐
TRANSPORTER	☒
OIL	☒
GAS	☒
OPERATOR	☒
PRODUCTION OFFICE	☐

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

RECEIVED BY
AUG 08 1984
O. C. D.
ARTESIA OFFICE

MorOilCo, Inc. ✓
Address

P.O. Drawer I, Artesia, NM 88210

Reason(s) for filing (Check proper box)
New Well ☐
Recompletion ☐
Change in Ownership ☐
Add Transporter ☒
Oil ☐
Casinghead Gas ☒
Dry Gas ☐
Condensate ☐

Other (Please explain)

(Change of ownership give name and address of previous owner)

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
Guajalote "A" State	#1	Loco Hills O-G-SA	State, XXXXXXXXXX	L-1022
Location				
Unit Letter	K	1980 Feet From The	South Line and	1980 Feet From The West
Line of Section	5	Township	19S	Range
				29E, NMPM, Eddy County

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)					
Navajo Crude Oil Purchasing	P.O. Box 159, Artesia, NM 88210					
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 Company	4001 Penbrook, Odessa, TX 79762					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	K	5	19S	29E	Yes	7/29/84

(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.	Ent. Res'v.
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, GR, 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

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

Post ID-2
8-10-84
Add 6-T

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

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.

Leslie A. Clements
(Signature)

Operator

(Title)

8/3/84

(Date)

OIL CONSERVATION COMMISSION

AUG 14 1984

APPROVED _____, 19

BY Original Signed By
Leslie A. Clements
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 completion tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for allowable to be determined and completed void.
Fill out only Sections I, II, III, and VI for change of owner, well name or number, or transporter or other such change of condition.