

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

RECEIVED

I.

NO. OF COPIES DESIRED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.O.S.	
LAND OFFICE	
TRANSPORTER	
OPERATOR	
PROMOTION OFFICE	

THRESHOLD DEVELOPMENT CORPORATION ✓

Address
1100 Gihls Tower West, Midland, Texas 79701

JUN 25 1980

Reason(s) for filing (check proper box)

New Well	<input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

Other (Please explain)

O. C. D.
ARTESIA OFFICEIf change of ownership give name
and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name Conoco 10 State	Well No. 1	Pool Name, Including Formation Turkey Track-Atoka Gas	Kind of Lease State, Federal or Fee	State	Lease No. E2943
Location Unit Letter <u>I</u> ; <u>1980</u> Feet From The <u>south</u> Line and <u>660</u> Feet From The <u>east</u> Line of Section <u>10</u> Township <u>19S</u> Range <u>29E</u> , NMPM, <u>Eddy</u> County					

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
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)	
El Paso Natural Gas	P.O. Box 1492, El Paso, Texas 79978	
If well produces oil or liquids, give location of tanks.	Unit I	Sec. 10
	Twp. 19S	Rge. 29E
	Is gas actually connected? <u>Yes</u> When <u>6-30-80</u>	

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	Same Fresh	Drill. New
		X	X					
Date Spudded December 5, 1979	Date Compl. Ready to Prod. April 3, 1980	Total Depth 11,750'	P.B.T.D. 11,704'					
Elevations (DF, RNB, RT, GR, etc.) 3374.8 G.L.	Name of Producing Formation Atoka	Top Oil/Gas Pay 10,777	Tubing Depth 10,661'					
Perforations 10,777', 78, 79, 80, 81, 82, 83, 84, 85, 86, 87, 88, 89, 10,790'.			Depth Casing Shoe 11,637'					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
17-1/2	13-1/2"	437'	400					
11	8-5/8"	2,700'	725					
7-7/8"	5-1/2" 2-3/8"	11,637', 10,661'	1st stage: 500 2nd stage: 560					

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 oil
OIL WELL able 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 209.45	Length of Test 4 Hours	Bbls. Condensate/MMCF -	Gravity of Condensate 0.667
Testing Method (pilot, back pr.) Back Pressure	Tubing Pressure (Shut-in) 3460	Casing Pressure (Shut-in) -	Choke Size 1.25" and 2.00"

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.

David H. Pace
(Signature)
Exploration Manager
(Title)
6/22/80
(Date)

OIL CONSERVATION DIVISION

APPROVED JUL 7 1980, 19BY Mark Walker
TITLE OIL AND GAS INSPECTOR

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 allow-
able 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 filed for each pool in multi-