

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

FEB 26 1982

1. OPERATOR		O. C. D. ARTESIA, OFFICE	
Threshold Development Company			
Address			
114 N. Big Spring St., Suite 1400, Midland, Texas 79701-4558			
Reason(s) for filing (Check proper box)		Other (Please explain)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:	CASINGHEAD GAS MUST NOT BE	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>	FLARED AFTER <u>7-1-82</u>	
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	UNLESS AN EXCEPTION TO Rule 306	
	Dry Gas <input type="checkbox"/>	IS OBTAINED	
	Condensate <input type="checkbox"/>		
If change of ownership give name and address of previous owner			

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Conoco "7" State	4	E. Millman Queen-Grayburg	State, Federal or Fee State	B-8096
Location				
Unit Letter <u>D</u>	<u>660</u>	Feet From The <u>north</u> Line and	<u>540</u>	Feet From The <u>west</u>
Line of Section <u>7</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 checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Conoco, Inc.	P. O. Box 2587, Hobbs, New Mexico 88240					
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)					
Conoco, Inc.	P. O. Box 2587, Hobbs, New Mexico 88240					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	C	7	19S	29E	<u>YES</u>	<u>Approx. April 1, 1982</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 <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. R. <input type="checkbox"/>
Date Spudded	Date Compl. Ready to Prod.	Total Depth		P.B.T.D.				
11-11-81	1-9-82	2587'		2547'				
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay		Tubing Depth				
3380.4' GR	Grayburg	2104' 2163		2287'				
Perforations	Depth Casing Shoe							
2163-2198' & 2214-2240'	2587'							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		SACKS CEMENT				
12-1/4"	8-5/8"	384'		400 sx Class C				
7-7/8"	4-1/2"	2587'		875 sx Class C				
	2-3/8"	2287'						

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL Acresage Factor: 825
(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.)	
1-18-82	2-21-82	Pumping	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hours	65 psi	40 psi	--
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
27 BO, 100 BW	27	100	32

Posted ID 2
+ Comp. Book
COI/COI
3-5-82

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, 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 Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Peggy A. Redman
(Signature)

Engineer Assistant

(Title)

February 23, 1982

(Date)

OIL CONSERVATION DIVISION

MAR - 1 1982

APPROVED _____, 19

BY W. A. Gressett
TITLE SUPERVISOR, DISTRICT IV

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 device tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for all wells on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of ownership, well name or number, or transporter, or other such change of conditions.

Separate Forms C-104 must be filed for each pool in multi-completed wells.