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GAS	<input checked="" type="checkbox"/>
OPERATOR	<input checked="" type="checkbox"/>
PRODUCTION OFFICE	<input checked="" type="checkbox"/>

P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

RECEIVED BY

SEP 26 1983

O. C. D.  
ARTESIA, OFFICE

Great Western Drilling Company

Address  
P. O. Box 1659, Midland, Texas 79702

Reason(s) for filing (Check proper box)

New Well ☒  
Recompletion ☐  
Change in Ownership ☐

Change in Transporter of:

Oil ☐ Dry Gas ☐  
Casinghead Gas ☐ Condensate ☐

Other (Please explain)

CASINGHEAD GAS MUST NOT BE  
FLARED AFTER 11-4-83  
UNLESS AN EXCEPTION FROM BLM  
IS OBTAINED.If change of ownership give name  
and address of previous owner

## DESCRIPTION OF WELL AND LEASE

Lease Name Mabel Hale Federal	Well No. 1	Pool Name, Including Formation Wildcat - Bone Springs	Kind of Lease Federal State, Federal or Fee	Lease No. (NM 0560353)
Location Unit Letter F : 1,980 Feet From The North Line and 1,980' Feet From The West Line of Section 11 Township 19-South Range 30 East, 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"/> <del>Undecided</del> Phillips Petroleum Company	Address (Give address to which approved copy of this form is to be sent) Box 87525, Houston, TX 77287-0005					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> Phillips Petroleum Company	Address (Give address to which approved copy of this form is to be sent) Franks Phillips Bldg, Bartlesville, OK 74004					
If well produces oil or liquids, give location of tanks.	Unit F	Sec. 11	Twp. 19S	Rge. 30E	Is gas actually connected? No	When Est. 90 Days

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 <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Hes'v.	Diff. Res'v.
Date Spudded 12-5-82	Date Compl. Ready to Prod. 8-16-83	Total Depth 12,111	P.B.T.D. 8,590.5'					
Elevations (DF, RKB, RT, GR, etc.) 3370' C.L.	Name of Producing Formation Bone Springs	Top Oil/Gas Pay 8,434.5'	Tubing Depth 8,383' - Pkr 8,315'					
Perforations 842-1.5 - 8591	Depth Casing Shoe							

## TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17 1/2"	13 3/8" - 48#	378'	400 Sxs "C" + 2% CaCl
11 "	8 5/8" - 32#	3,700'	(1300 Sxs, "L" + 250 Sx "C"
7 7/8"	5 1/2" - 17 & 20#	12,115.15'	(1210 Sxs H + 50,400 SCF Nitrogen)

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 8-8-83	Date of Test 8-16-83	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 24 Hrs.	Tubing Pressure 160 psi	Casing Pressure Pkr.	Choke Size 20/64"
Actual Prod. During Test 176.5 Bbls.	Oil - Bbls. 113.5	Water - Bbls. 63	Gas - MCF 139

## GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (pilot, 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.

Ass't to Gen. Supt.

September 15, 1983

(Signature)

(Title)

(Date)

## OIL CONSERVATION DIVISION

OCT 4 1983

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