

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

APPROPRIATE	
REGISTRATION	
SANTA FE	
FILE	
INDEX	
LAND OFFICE	
TRANSPORTER	
OPERATOR	
PRODUCTION OFFICE	

Jack Plemons

Address

P.O. Box 385, Artesia, New Mexico 88210

RECEIVED

Reason(s) for filing (Check proper box)

New Well

☒

Change in Transporter of:

Recompletion

☐

Oil

☐

Dry Gas

☐

Change in Ownership

☐

Casinghead Gas

☐

Condensate

☐

Other (Please explain)

MAR 07 1983

O. C. D.

ARTESIA OFFICE

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.
McFadden Federal	5Y	Shugart-y-SF-G	State, Federal or Fee Fed.	MM029353A

Location

Unit Letter A ; 990 Feet From The North Line and 360 Feet From The EastLine of Section 3 Township 19S Range 31E , 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 Refining Company	Drawer 159, Artesia, New MEXICO 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)

Well produces oil or liquids,
or location of tanks.

Unit	Sec.	Twp.	Rge.
A	3	19	31

Is gas actually connected? No When

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.	Diff. Res'v.
	X							
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
1-31-83	3-2-83	2671						
Locations (DF, RAB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
3613 GL	Shugart Faces	2670						
Gratulations			Depth Casing Shoe					
None								

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4"	9 5/8"	679'	85 sacks
8 3/5"	7"	2633'	575 sacks
	2"	2640'	

TEST DATA AND REQUEST FOR ALLOWABLE
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.)
3-2-83	3-2-83	Flowing Pumping
Length of Test	Tubing Pressure	Casing Pressure
24		
Oil Prod. During Test	Oil-Bbls.	Water-Bbls.
10 bbls.	10	0
		Gas-MCF
		0

IS WELL

Oil Prod. Test-MCF/D	Length of Test	Behv. Condensate/MCF	Gravity of Condensate
Testing Method (prior, 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 herein is true and complete to the best of my knowledge and belief.

OIL CONSERVATION DIVISION

APR 13 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 1111.

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 owner, well name or number, or transporter or other such change of data.

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

3-7-83

Date