

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator	Jack Phemonis	Well API No.	
Address	8216 Chicago Ave., Lubbock Texas 79474		
Reason(s) for Filing (Check proper box)	☐ Other (Please explain)		
Is Well	☐	Change in Transporter of:	
Completion	☐	Oil	☒ Dry Gas ☐
Change in Operator	☐	Casinghead Gas	☐ Condensate ☐
Change of operator give name			
Address of previous operator			

DESCRIPTION OF WELL AND LEASE

Well Name	McFadden fed	Well No.	5Y	Pool Name, Including Formation	Shugart (Y-SR-Y-6)	Kind of Lease	State, Federal or Fee	Lease No.	LC029353A
Unit Letter	A	990	Feet From the	North	Line and	360	Feet From the	East	Line
Section	3	Township	19 S	Range	31 E	NMFM	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)				
Pride Pipeline Company		P.O. Box 2436 Abilene, Texas 79604				
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,	Unit	Sec.	Top	Range	Is gas actually connected?	When?
Location of tanks.	A	13	19S	31E	No	
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	Half Res'v
Is Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
Deviation (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.)		
First New Oil Run To Tank	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	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (pilot, back pr)	Tubing Pressure (Shut in)	Casing Pressure (Shut in)	Choke Size

I. OPERATOR 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.

Signature	Glen Phemonis - Agent
Printed Name	1-22-90 806-866-4047
Date	

OIL CONSERVATION DIVISION

Date Approved JAN 25 1990

By
Mike Williams
Title SUPERVISOR, DISTRICT II

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.

2) All sections of this form must be filled out.