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| TRANSPORTER | OIL | |
| | GAS | |
| OPERATOR | | |
| PRODUCTION OFFICE | | |

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
SUPERVISOR (Oil C-104 and C-1)
RECEIVED BY
JUL 06 1984
O. C. D.
LAND OFFICE

Operator
Great Western Drilling Company

Address
P.O. Box 1659 Midland, TX 79702

| | |
|--|---|
| Reason(s) for filing (Check proper box) | Other (Please explain) |
| New Well <input checked="" type="checkbox"/> | Change in Transporter of: |
| Recompletion <input type="checkbox"/> | Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> |
| Change in Ownership <input type="checkbox"/> | Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> |

If change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE **R-7668**

| | | | | |
|--|---------------|---|--|-------------------------|
| Lease Name Mabel Hale Federal | Well No. 2 | Pool Name, including Formation Undesignated Bone Springs | Kind of Lease State, Federal or Fee Federal | Lease No. NM-0560353 |
| Location Unit Letter <u>C</u> ; <u>1650</u> Feet From The <u>west</u> Line and <u>860</u> Feet From The <u>north</u> Line of Section <u>11</u> Township <u>19-S</u> Range <u>30-E</u> , NMPM, <u>Eddy</u> County | | | | |

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) |
| Koch Oil Company | P.O. Box 2256 Wichita, KS 76201 |
| 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) |
| Phillips Petroleum Company | Frank Phillips Bldg., Bartlesville, OK 74004 |
| If well produces oil or liquids, give location of tanks. | Unit Sec. Twp. Rge. Is gas actually connected? When |
| | F 11 19-S 30-E yes 5-15-84 |

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 <input type="checkbox"/> New Well <input type="checkbox"/> Workover <input type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input type="checkbox"/> Same Res'v. <input type="checkbox"/> Diff. Res'v. <input type="checkbox"/> | | |
| Date Spudded 2-8-84 | Date Compl. Ready to Prod. 5-15-84 | Total Depth 8785' | P.B.T.D. 8784' |
| Elevations (OF, RKB, RT, GR, etc.) 3395.4' GR | Name of Producing Formation Bone Springs | Top Oil/Gas Pay 8398' | Tubing Depth 8361.76' |
| Perforations 8398'-8587' w/58 holes | Depth Casing Shoe | | |

TUBING, CASING, AND CEMENTING RECORD

| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT |
|-----------|----------------------|-----------|-------------------------|
| 17-1/2" | 13-3/8" | 417.11' | 380 sx C |
| 11" | 8-5/8" | 3701.01' | 2650 sx C + 3205 sx L |
| 7-7/8" | 4-1/2" | 8785.53' | 700 sx L + 500 sx 50/50 |
| | 2-2/8" | 8361.76' | poz |

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 5-2-84 | Date of Test 5-15-84 | Producing Method (Flow, pump, gas lift, etc.) Flowing | |
| Length of Test 24 hrs. | Tubing Pressure 20-150 psi | Casing Pressure pkr. | Choke Size 12/64" |
| Actual Prod. During Test 174 | Oil-Bble. 135 | Water-Bble. 39 | Gas-MCF 147 |

GAS WELL

| | | | |
|----------------------------------|---------------------------|---------------------------|-----------------------|
| Actual Prod. Test-MCF/D | Length of Test | Bble. Condensate/MMCF | 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 Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Jeanne Starr
(Signature)

Production Accountant

(Title)

June 29, 1984

(Date)

OIL CONSERVATION COMMISSION

JUL 10 1984

APPROVED _____, 19

BY Leslie A. Clements
Original Signed By

TITLE Supervisor District H

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 now and is completed valid.

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.