

**OIL CONSERVATION DIVISION**  
P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501  
OCT 21 1955  
O. C. D.  
**REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS**

7990 IH 10 West, San Antonio, Tx 78230

Reason(s) for filing (Check proper box)		Other (Please explain)	
New Well <input type="checkbox"/>	Change in Transporter of:		To add new gas purchaser
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

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Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease State, Federal or Fee	Lease No.
State HL 1	2	Turkey Track/7R/QN/Gb/SA	State	
Location				
Unit Letter	C	: 660	Feet From The north Line and 1980	Feet From The west
Line of Section	1	Township 19S	Range 29E	, NMPM, Eddy County

## DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

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)		
Permian Corporation Permian (Eff. 9/1/87)		P.O. Box 1183, Houston, TX 77001		
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		4000 Penbrook, Odessa, TX 79760		
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.
	C	1	19S	29E
Is gas actually connected?		When		
no		10-21-85		

If this production is commingled with that from any other lease or pool, give commingling order number:

## COMPLETION DATA

COMPLETION DATA									
Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.		Total Depth				P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay				Tubing Depth		
Perforations							Depth Casing Shoe		

## TUBING, CASING, AND CEMENTING RECORD

TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
			Post ID-3
			10-25-85
			Add GT:PP

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)

OIL WELL			
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbla.	Water - Bbla.	Gas - MCF

## GAS WELL

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)	Coaling 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.

Accounting Analyst

10/17/85  
(Date)

OIL CONSERVATION DIVISION

OCT 22 1985

APPROVED \_\_\_\_\_, 19

BY \_\_\_\_\_ Original Signed By  
Les 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 III.

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 filled for each pool in multiple completed wells.