

**OIL CONSERVATION DIVISION**

P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

Operator	Oil	<input checked="" type="checkbox"/>
Transporter	Gas	<input checked="" type="checkbox"/>
Operator	Gas	<input checked="" type="checkbox"/>

DISTRICT I  
P.O. Drawer DD, Artesia, NM 88210 **JUL 31 '89**

DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87410

**REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS**

I. Operator Kerr-McGee Corporation Well API No. 30-015-10363

Address One Marienfeld Place, Suite 200, Midland, TX 79701

Reason(s) for Filing (Check proper box)  Other (Please explain)  
 New Well  Change in Transporter of:  Flag-Redfern Oil Co. was merged into  
 Recompletion  Oil  Dry Gas  Kerr-McGee Corp. on 6/30/89  
 Change in Operator  Casinghead Gas  Condensate

If change of operator give name and address of previous operator Flag-Redfern Oil Co., P.O. Box 11050, Midland, TX 79702

**II. DESCRIPTION OF WELL AND LEASE**

Lease Name <u>Winston Gas Com.</u>	Well No. <u>1</u>	Pool Name, including Formation <u>Indian Basin (Upper Penn)</u>	Kind of Lease Fed State, Federal or Fee <u>LC-063246</u>
Location Unit Letter <u>K</u> Section <u>31</u> Township <u>21S</u> Range <u>24E</u> NMPM, <u>Eddy</u> County	<u>2080</u> Feet From The <u>South</u> Line and <u>1980</u> Feet From The <u>West</u> Line		

**III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS**

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> <u>Lantern Petroleum Company</u>	Address (Give address to which approved copy of this form is to be sent) <u>P. O. Box 2281, Midland, TX 79702</u>
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>Marathon Oil Company Gas Company of New Mexico</u>	Address (Give address to which approved copy of this form is to be sent) <u>P. O. Box 1324, Artesia, NM 88210 1st International Bldg, Dallas, TX 74270</u>
If well produces oil or liquids, give location of tanks. Unit <u>K</u> Sec. <u>31</u> Twp. <u>21S</u> Rge. <u>24E</u> Is gas actually connected? <u>Yes</u> When? <u>9/65</u>	

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

**IV. 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**

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
			<u>Post FD-3 8-4-89 chj sp name</u>

**V. 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 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/MMCF	Gravity of Condensate
Testing Method (prior, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

**VI. 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.

Ivan D. Geddie  
Signature  
Ivan D. Geddie Mgr., Cons. & Unit.  
Printed Name Title  
As of June 30, 1989 405/270-2124  
Date Telephone No.

**OIL CONSERVATION DIVISION**  
Date Approved AUG 1 1989  
By ORIGINAL SIGNED 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 for allowable on new and recompleted wells.  
 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.  
 4) Separate Form C-104 must be filed for each pool in multiply completed wells.