

DISTRICT II  
P.O. Drawer DD, Artesia, NM 88210

## OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

RECEIVED

DEC 10 1993

DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87410REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

Operator NAUMANN OIL & GAS, INC.		Well API No.
Address P.O. Box 10159 Midland, TX 79702		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> 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 Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>
If change of operator give name and address of previous operator		

## II. DESCRIPTION OF WELL AND LEASE

Lease Name Inexco-Federal	Well No. 1	Pool Name, Including Formation Burton Flat (Strawn)	Kind of Lease State, Federal or Fee	Lease No. NM 83053
Location Unit Letter <u>I</u> : <u>1650</u> Feet From The <u>South</u> Line and <u>660</u> Feet From The <u>East</u> Line Section <u>12</u> Township <u>21-S</u> Range <u>26-E</u> , NMPM, <u>Eddy</u> County				

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

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> Navajo Refining Co. <u>15694</u>	Address (Give address to which approved copy of this form is to be sent) P.O. Drawer <u>159</u> Artesia, NM 88211					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> Llano, Inc. <u>13414</u>	Address (Give address to which approved copy of this form is to be sent) 600 E. John W. Carpenter FWY, Suite 201 Irving, TX 75062-3990					
If well produces oil or liquids, give location of tanks.	Unit <u>I</u>	Sec. <u>12</u>	Twp. <u>21</u>	Rge. <u>26</u>	Is gas actually connected? yes	When? 10-93

If this production is commingled with that from any other lease or pool, give commingling order number: no

## IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Rec'v	Diff Rec'v
		X	X					
Date Spudded <u>2-13-93</u>	Date Compl. Ready to Prod. <u>9-4-93</u>		Total Depth <u>10,215'</u>		P.B.T.D. <u>10,190'</u>			
Elevations (DF, RKB, RT, GR, etc.) <u>3194</u>	Name of Producing Formation <u>Strawn</u>		Top Oil/Gas Pay <u>9914</u>		Tubing Depth <u>9900'</u>			
Perforations <u>9914-16; 10013-16, 10122-32</u>					Depth Casing Shoe			

## TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
20"	16"-65#	150'	circulated-surface
14 3/4"	9 5/8"-47#	2550'	circulated-surface
7 7/8"	5 1/2"-20#	11,375'	625 sx "H"

## 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.) <u>Post FD-2</u> <u>1-14-94</u>	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size <u>comp &amp; 6 1/4</u>
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas- MCF

## GAS WELL

Actual Prod. Test - MCF/D <u>1,200</u>	Length of Test <u>24 hrs.</u>	Bbls. Condensate/MMCF <u>4</u>	Gravity of Condensate <u>57°</u>
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in) <u>1700#</u>	Casing Pressure (Shut-in) <u>NA</u>	Choke Size <u>1"</u>

## 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.

Signature	H. Jack Naumann, Jr.	President
Printed Name	12-08-93	915-683-5051
Date		Telephone No.

## OIL CONSERVATION DIVISION

Date Approved DEC 22 1993By SUPERVISOR, DISTRICT II

Title

## 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.