

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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

JUN 17 1992

O. C. D.
OFFICE

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator PREMIER PRODUCTION CO.	Well API No. 30-015-21758
Address P.O. Box 1246, Artesia, NM 88210	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input checked="" type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Operator <input type="checkbox"/>	Casinghead Gas <input checked="" type="checkbox"/> Condensate <input type="checkbox"/> (previously Phillips Petroleum Corp.)
If change of operator give name and address of previous operator	

II. DESCRIPTION OF WELL AND LEASE

Lease Name Eddy "FV" State Com	Well No. 1	Pool Name, including Formation Undesignated Upper Penn	Kind of Lease State, Federal or Fee state	Lease No. K-6527
Location Unit Letter H : 1980 Feet From The North Line and 990 Feet From The East Line Section 25 Township 20S Range 27E, NMPM, Eddy 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"/>	Address (Give address to which approved copy of this form is to be sent) P.O. Box 3119, Midland, TX 79701
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) P.O. Box 5050, Bartlesville, OK 74005
If well produces oil or liquids, give location of tanks.	Unit H Sec. 25 Twp. 20S Rge. 27E Is gas actually connected? yes When? 1987

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 <input checked="" type="checkbox"/>	New Well	Workover <input checked="" type="checkbox"/>	Deepen	Plug Back <input checked="" type="checkbox"/>	Same Res'v	Diff Res'v <input checked="" type="checkbox"/>
Date Spudded	Date Compl. Ready to Prod. 5-23-92		Total Depth 11,450'		P.B.T.D. 10,380'			
Elevations (DF, RKB, RT, GR, etc.) 3352	Name of Producing Formation Upper Penn		Top Oil/Gas Pay 10,014'		Tubing Depth 9814'			
Perforations 10,014-10,028'					Depth Casing Shoe 11,450'			

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
24"	20" 94#	30'	10 yds (circ)
17-1/2"	13-3/8" 48#	642'	650 sx (circ)
12-1/4"	9-5/8" 36#	3,050'	1350 sx (circ)
8-3/4"	5-1/2" 17#	11,450'	1070 sx TOC @ 7665'

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 400	Length of Test 24 hrs	Bbls. Condensate/MMCF 50	Gravity of Condensate 55°
Testing Method (pilot, back pr.) thru stack pack	Tubing Pressure (Shut-in) 2500#	Casing Pressure (Shut-in) packer 2900#	Choke Size 3/4" set on 8/64

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
Larry Jones owner/operator
Printed Name
6/15/92 748-2093 Title
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved JUN 23 1992

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.