

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

# OIL CONSERVATION DIVISION

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

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

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

Operator Premier Oil & Gas, Inc. <i>17985</i>		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 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 Eddy "FV" State Com <i>852</i>	Well No. 1	Pool Name, Including Formation <i>Wildcat Bone Springs 57082</i> Bone Springs	Kind of Lease State, Federal or Fee State	Lease No. K-6527
Location Unit Letter <u>H</u> : <u>1980</u> Feet From The <u>North</u> Line and <u>990</u> Feet From The <u>East</u> Line Section <u>25</u> Township <u>20S</u> Range <u>27E</u> , <u>NMPM</u> , <u>Eddy</u> County				

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

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Scurlock Permian	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"/> GPM Gas Corp.	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	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
				X		X		X
Date Spudded 3/26/76	Date Compl. Ready to Prod. 11/20/93		Total Depth 11,450		P.B.T.D. 7500			
Elevations (DF, RKB, RT, GR, etc.) 3352	Name of Producing Formation 1st Bone Springs		Top Oil/Gas Pay 6518		Tubing Depth 6260 (packer)			
Perforations 6325-6518' (15 shots total)					Depth Casing Shoe			

### TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
24"	20" - 94#	30'	10yds circulated
17½"	13-3/8 - 48#	642'	650sx circulated
12½"	9-5/8 - 36#	3050'	1350sx circulated
8-3/4"	5½ - 17#	11450'	254sx - T.C. 1200'

### V. TEST DATA AND REQUEST FOR ALLOWABLE 2-3/8-4.7# 6260'

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.)		Producing Method (Flow, pump, gas lift, etc.)	
Date First New Oil Run To Tank 11/20/93	Date of Test 11/22/93	Flow	
Length of Test 24 hrs	Tubing Pressure 250	Casing Pressure Packer	Choke Size 20/64
Actual Prod. During Test 202 Bbls	Oil - Bbls. 12.0 Bbls	Water - Bbls. 190.0 Bbls	Gas - MCF 100

### 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)	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.

*Paul G. White*  
Signature  
PAUL G. WHITE  
Printed Name  
11/30/93  
Date  
748-2093  
Telephone No.  
ENGINEER  
Title

### OIL CONSERVATION DIVISION

Date Approved DEC 21 1993

By \_\_\_\_\_  
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) Form C-104 must be filed for each pool in multiply completed wells