

OIL CONSERVATION DIVISION

RECEIVED

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

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

JUL 20 '90

I.

Operator <u>Larry Jones, d/b/a Premier Production Company</u>	Well API No. <u>30-013-22001</u>
Address <u>P. O. Box 1246, Artesia, New Mexico 88210</u>	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Operator <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
If change of operator give name and address of previous operator <u>Chevron U.S.A. Inc., P.O. Box 1150, Midland, TX. 79702</u>	

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Eddy "FV" State</u>	Well No. <u>2</u>	Pool Name, including Formation <u>Und. Upper Penn</u>	Kind of Lease <u>State, Federal or Fee</u>	Lease No. <u>K-6527</u>
Location				
Unit Letter <u>K</u>	: <u>1980</u>	Feet From The <u>South</u> Line and <u>1980</u>	Feet From The <u>West</u> Line	
Section <u>25</u>	Township <u>20S</u>	Range <u>27E</u>	NMPM, <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"/>	Address (Give address to which approved copy of this form is to be sent) <u>P. O. BOX 3119, Midland, TX 79701</u>	
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) <u>P. O. Box 1492, El Paso, TX 79999</u>	
If well produces oil or liquids, give location of tanks.	Unit	Sec.
	Twp.	Rge.
		Is gas actually connected? <u>Yes</u>
		When? <u>4-4-85</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
		<u>X</u>						
Date Spudded <u>1-14-77</u>	Date Compl. Ready to Prod. <u>4-23-77</u>	Total Depth <u>11,425'</u>	P.B.T.D. <u>10,327'</u>					
Elevations (DF, RKB, RT, GR, etc.) <u>3317' GL</u>	Name of Producing Formation <u>Und. Upper Penn</u>	Top Oil/Gas Pay <u>9932'</u>	Tubing Depth <u>9881'</u>					
Perforations <u>9932' - 9944'</u>			Depth Casing Shoe					
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
<u>17 1/2"</u>	<u>13 3/8" 48#</u>	<u>602'</u>	<u>525 sx circ</u>					
<u>12 1/4"</u>	<u>9 5/8" 36# & 40#</u>	<u>2,991'</u>	<u>1400 sx circ</u>					
<u>8 3/4"</u>	<u>5 1/2" 15.5# & 17#</u>	<u>11,425'</u>	<u>575 sx TOC 9480'</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.) <u>Post ID-3</u>	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size <u>7-27-90</u>
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF <u>why up</u>

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (puot, 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.

Signature Larry Jones
Printed Name LARRY JONES Title (585) 748-2093
Date 7-13-90 Telephone No.

OIL CONSERVATION DIVISION

Date Approved JUL 20 1990
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.