

OIL CONSERVATION DIVISION  
P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

RECEIVED

MAY 20 1982

O. C. D.  
ARTESIA, OFFICE

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES RECEIVED	7
DISTRIBUTION	
SANTA FE	1
FILE	1
U.S.O.B.	
LAND OFFICE	
TRANSPORTER	
OIL	
GAS	1
OPERATOR	1
PRODUCTION OFFICE	

Operator GLENN COPE

Address 1604 W. FRONT STREET, MIDLAND, TEXAS 79701

Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	
Recompletion <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	
Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	

If change of ownership give name and address of previous owner \_\_\_\_\_

DESCRIPTION OF WELL AND LEASE R-7143 1/26/83

Lease Name <u>FEDERAL 30 COM</u>	Well No. <u>1</u>	Pool Name, including Formation <u>UNDESIGNATED</u>	Kind of Lease State, Federal or Fee <u>FEDERAL</u>	Lease No. <u>NM 34650</u>
Location Unit Letter <u>A</u> : <u>1090</u> Feet From The <u>NORTH</u> Line and <u>560</u> Feet From The <u>EAST</u> Line of Section <u>30</u> Township <u>22S</u> Range <u>25E</u> , NMPM, <u>11N</u> County _____				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>URIAH EXPLORATION, INC</u>	<u>P.O. BOX 2039 MIDLAND, TEXAS 79701</u>
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
	<u>Yes</u> <u>APRIL 28, 1982</u>

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

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. B
		X	X					
Date Spudded <u>2-17-82</u>	Date Compl. Ready to Prod. <u>4-28-82</u>	Total Depth <u>10,180</u>	P.B.T.D. <u>10,025</u>					
Elevations (DF, RKB, RT, GR, etc.) <u>3752 O.L.</u>	Name of Producing Formation <u>MORROW (ROSS SAND)</u>	Top Oil/Gas Pay <u>9784</u>	Tubing Depth <u>9748</u>					
Perforations <u>9784-90</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</u>	<u>334</u>	<u>725 SX (CIRC)</u>
<u>12 1/4</u>	<u>9 5/8</u>	<u>1984</u>	<u>650 SX (CIRC)</u>
<u>8 3/4</u>	<u>5 1/2</u>	<u>10,058</u>	<u>850 SX</u>
	<u>2 1/8</u>	<u>9748</u>	

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 Tanks	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

*Pasted ID card  
Comp book  
6-4-82*

GAS WELL

Actual Prod. Test-MCF/D <u>2,370</u>	Length of Test <u>24 HR</u>	Bbls. Condensate/MMCF <u>TSTM</u>	Gravity of Condensate
Testing Method (paras, back pr.) <u>BACK PRESS.</u>	Tubing Pressure (Shut-in) <u>3000</u>	Casing Pressure (Shut-in) <u>PACKER</u>	Choke Size <u>17/64"</u>

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.

Glenn Cope  
GLENN COPE (Signature)  
OPERATOR (Title)  
5-3-82  
(Date)

OIL CONSERVATION DIVISION  
JUN 1 1982

APPROVED \_\_\_\_\_  
BY W. A. Gressett  
TITLE SUPERVISOR, DISTRICT II

This form is to be filed in compliance with RULE 1104.  
If this is a request for allowable for a newly drilled or deep well, this form must be accompanied by a tabulation of the data tests taken on the well in accordance with RULE 111.  
All sections of this form must be filled out completely for all wells on new and recompleted wells.  
Fill out only Sections I, II, III, and VI for changes of well name or number, or transporter, or other such change of conditions.  
Separate Forms C-104 must be filed for each pool in non-completed wells.

APR 26 1982

OPERATOR Glenn Cope ADDRESS 1604 West Front, Midland, Tx  
 LEASE Federal "30" WELL NO. 1 FIELD 79701  
 LOCATION Sec. 30, T-22-S, R-25-E Eddy Co., NM

DEPTH	INCLINATION DEGREE	DISPLACEMENT	DISPLACEMENT ACCUMULATED
350	1 1/2	7.63	7.63
860	1/2	4.44	12.07
1400	1/2	4.70	16.77
2378	3/4	12.81	29.58
3174	1	13.93	43.51
3926	2	26.24	69.75
4426	2	17.45	87.20
4740	1	5.50	92.70
5244	3/4	6.60	99.30
5747	1	8.45	107.75
6249	1 1/2	13.15	120.90
6749	1 1/2	13.10	134.00
7283	1 1/2	13.99	147.99
8226	1 1/2	20.56	168.55
8854	1 1/2	16.45	185.00
9356	1-3/4	15.31	200.31
9862	1-3/4	15.43	215.74
0049	2-3/4	8.98	224.72
0180 TD	2	4.57	229.29

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I hereby certify that the above data as set forth is true and correct to the best of my knowledge and belief.

Cactus Drilling Corporation  
 By: R. Q. McWilliams  
 Title: R. Q. McWilliams Oper. Manager

Affidavit:

Before me, the undersigned authority, appeared R. Q. McWilliams known to me to be the person whose name is subscribed herebelow, who on making deposition, under oath states that he is acting for and in behalf of the operator of the well identified above, and that to the best of his knowledge and belief such well was not intentionally deviated from the true vertical whatsoever.

R. Q. McWilliams  
 Affiant's signature

Sworn and subscribed to in my presence on this the 22 day of April 1982.

Notary Public for State of Texas  
Larry R. Virginia

My Commission Expires: June 30, 1985