

OIL CONSERVATION DIVISION
P. O. BOX 2008
SANTA FE, NEW MEXICO 87501

APR 25 1984

REQUEST FOR ALLOWABLE D. C. D.
AND
ARTESIA OFFICE
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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DISTRIBUTION	
STATE	<input checked="" type="checkbox"/>
FED.	<input checked="" type="checkbox"/>
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	<input checked="" type="checkbox"/>
OPERATOR	<input checked="" type="checkbox"/>
PROMOTION OFFICE	

Operator
Ammex Petroleum, Inc.

Address
P.O. Box 10507 Midland, TX 79702

Reason(s) for filing (Check proper box)

New Well ☒ Change In Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change In Ownership ☐ Casinghead Gas ☐ Condensate ☐

Other (Please explain)

If change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name Big Eddy	Well No. 99	Pool Name, Including Formation Wildcat Delaware	Kind of Lease State, Federal or Fee State	Lease No. B-9960
Location Unit Letter <u>F</u> : <u>1980</u> Feet From The <u>North</u> Line and <u>2080</u> Feet From The <u>West</u> Line of Section <u>16</u> Township <u>21S</u> Range <u>28E</u> , NMPM, <u>Eddy</u> County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> UPG, Inc.	Address (Give address to which approved copy of this form is to be sent) Box 3339 Abilene, TX 79604	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> none	Address (Give address to which approved copy of this form is to be sent)	
If well produces oil or liquids, give location of tanks.	Unit F	Sec. 16
	Twp. 21S	Rge. 28E
	Is gas actually connected? no	
	When	

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 <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded 3/29/84	Date Compl. Ready to Prod. 4/20/84		Total Depth 5250'		P.B.T.D. 3645'			
Elevations (DF, RKB, RT, GR, etc.) 3259.3' GL	Name of Producing Formation Delaware		Top Oil/Gas Pay 2904'		Tubing Depth 2757'			
Perforations 2904 - 2924					Depth Casing Shoe 5211'			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17 1/2"	13 3/8" 54.5#	396'	425 sx "C"
12 1/4"	8 5/8" 32# & 24#	2631'	800 sx LW & 375 sx "C"
7 7/8"	5 1/2" 15.5# & 17#	5211'	1st & 2nd stage 230 sx
	2 3/8" tbg	2757'	

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 4/21/84	Date of Test 4/21/84	Producing Method (Flow, pump, gas lift, etc.) flow & swab	
Length of Test 10 hrs	Tubing Pressure 15#	Casing Pressure 0	Choke Size open
Actual Prod. During Test 57 BF	Oil-Bbls. 31	Water-Bbls. 26	Gas-MCF 29

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

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.

Julie Jeffers
(Signature)

Operations Clerk

(Title)

4/24/84

(Date)

OIL CONSERVATION DIVISION

APR 30 1984

APPROVED _____, 10

Original Signed By
BY Leslie A. Clements
Supervisor District II

TITLE _____

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multi-comparted wells.