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OIL CONSERVATION DIVISION
RECEIVED BY X 200
SANTA FE, NEW MEXICO 87501
NOV 21 1984
REQUEST FOR ALLOWABLE
O. C. D. AND
ARTESIAN
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Liberty Oil & Gas Corporation ✓

Address

1776 Woodstead Court, Suite 200, The Woodlands, Texas 77380

Reason(s) for filing (Check proper box)

New Well ☒
Recompletion ☐
Change in Ownership ☐

Change in Transporter of:

Oil ☒ Dry Gas ☐
Casinghead Gas ☐ Condensate ☐

Other (Please explain)

Requesting 900 bbl test allowable.
Perfs: 5455-5491(2 SPF)
Delaware Formation

(Change of ownership give name
and address of previous owner)

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
Lee Federal	6	Wildcat-Delaware	State, Federal or Fee Federal	NM-17103

Location

Unit Letter K : 1875 Feet From The South Line and 1765 Feet From The West

Line of Section 25 To Township 20 South Range 28 East, NMPM, Eddy County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐	Address (Give address to which approved copy of this form is to be sent)
The Permian Corporation	P.O. Box 1183, Houston, Texas 77001
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐	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	Sec.	Twp.	Rge.	Is gas actually connected?	When
	K	25	20S	28E	No	

(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 Reservoir	Diff. Reservoir
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
Perforations						Depth Casing Shoe		

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

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

GAS WELL

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

Levy W. Franklin
(Signature)

Agent
(Date)

11/21/84
(Date)

OIL CONSERVATION DIVISION

NOV 21 1984

APPROVED _____, 19__

BY _____

Original Signed By

Leslie A. Clements

TITLE _____

Supervisor District II

This form is to be filed in compliance with RULE 100.

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 Form C-104 must be filed for each pool in multiple completed wells.