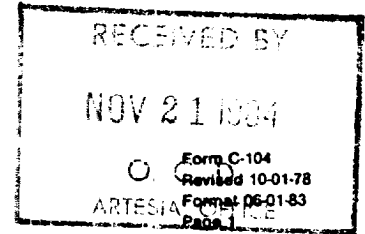


STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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LAND OFFICE	
TRANSPORTER	OIL ✓ GAS ✓
OPERATOR	✓
PRODUCTION OFFICE	

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



REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator
Gas Lift Sales & Service, Inc. ✓

Address
2209 West Industrial Midland, Texas 79701

Reason(s) for filing (Check proper box)

<input checked="" type="checkbox"/> New Well	Change in Transporter of:	
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	<input type="checkbox"/> Dry Gas
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas	<input type="checkbox"/> Condensate

Other (Please explain)
CASINGHEAD GAS MUST NOT BE
PRODUCED AFTER 12-30-84
LESS AN EXCEPTION FROM
THE D. L. M. IS OBTAINED

If change of ownership give name
and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name Wilderspin Federal	Well No. 2	Pool Name, Including Formation Undesignated (Delaware)	Kind of Lease State, Federal or Fee Federal	Lease No. NM-14768-B
Location Unit Letter <u>A</u> : <u>330</u> Feet From The <u>North</u> Line and <u>330</u> Feet From The <u>East</u> Line of Section <u>11</u> Township <u>21S</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"/> Tesoro	Address (Give address to which approved copy of this form is to be sent) 8700 Tesoro Drive, San Antonio, Texas 78286
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Phillips Petroleum Co.	Address (Give address to which approved copy of this form is to be sent) 4001 Penbrook, Odessa, Texas 79762
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. F 11 21S 27E
Is gas actually connected? No	When

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

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. 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 is true and complete to the best of my knowledge and belief.



President (Signature)

(Title)
November 19, 1984

(Date)

OIL CONSERVATION DIVISION
NOV 29 1984
APPROVED _____, 19____
BY _____
Original Signed By
Leslie A. Clements
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 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 multiply completed wells.

Post ID-2
11-30-84
Comp & RK

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well X	Gas Well	New Well X	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 10/15/84	Date Compl. Ready to Prod. 11/16/84		Total Depth 5579'		P.B.T.D. 5518'				
Elevations (DF, RKB, RT, CR, etc.) 3228' KB	Name of Producing Formation Delaware		Top Oil/Gas Pay 2798'		Tubing Depth 2757'				
Perforations 2798-2822' (25 holes)						Depth Casing Shoe 5579'			
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
17-1/2"	13-3/8"		509'		640				
12-1/4"	8-5/8"		2530'		1120				
7-7/8"	5-1/2"		5579'		850				
	2-7/8"		2757'						

V. TEST DATA AND REQUEST FOR ALLOWABLE (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 11/16/84	Date of Test 11/16/84	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 24 hr	Tubing Pressure 50 psi	Casing Pressure -----	Choke Size open
Actual Prod. During Test 133 bo	Oil - Bbls. 133	Water - Bbls. 105	Gas - MCF 164

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