

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

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

RECEIVED

MAR 1 1992

O. C. D.
ARTESIA OFFICE

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2/27/92
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REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

I.

Operator Apache / MW Petroleum Corporation	Well API No. 30-015-26834
Address 1500 City West Blvd., Suite 400, Houston, Texas 77042	
Reason(s) for Filing (Check proper box) <input checked="" type="checkbox"/> New Well <input type="checkbox"/> Other (Please explain)	
Change in Transporter of: Recompletion <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Change in Operator <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
If change of operator give name and address of previous operator	

II. DESCRIPTION OF WELL AND LEASE

Lease Name Smith Federal Gas Com	Well No. 2	Pool Name, Including Formation Indian Basin (Upper Penn)	Kind of Lease State (Federal) or Fee	Lease No. NM-0251099 (A)
Location Unit Letter <u>E</u> : <u>2049</u> Feet From The <u>North</u> Line and <u>480</u> Feet From The <u>West</u> Line Section <u>12</u> Township <u>22S</u> Range <u>23E</u> , NMPM, Eddy County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> The Permian Corporation	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1183, Houston, Tx 77001					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> Marathon Oil Company	Address (Give address to which approved copy of this form is to be sent) P.O. Box 552, Midland, Tx 79702					
If well produces oil or liquids, give location of tanks.	Unit <u>E</u>	Sec. <u>12</u>	Twp. <u>22S</u>	Rge. <u>23E</u>	Is gas actually connected? <u>Yes</u>	When? <u>Working on Facilities installation 12-7-91</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
		X	X					
Date Spudded 9/18/81	Date Compl. Ready to Prod. 10/13/91		Total Depth 7600'		P.B.T.D. 7590'			
Elevations (DF, RKB, RT, GR, etc.) 3985' RKB	Name of Producing Formation Cisco Canyon Reef (U. Penn)		Top Oil/Gas Pay 7431'		Tubing Depth 7350'			
Perforations 7431' - 7473'					Depth Casing Shoe 7600'			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17 1/2"	13 3/8"		160'		400 sx			
11"	8 5/8"		2305'		870 sx			
7 7/8"	5 1/2"		7600'		525 sx			

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.)	
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 343.5	Length of Test 3 hrs	Bbls. Condensate/MMCF 1.5	Gravity of Condensate 59.5
Testing Method (pilot, back pr.) Back Pr.	Tubing Pressure (Shut-in) 1100	Casing Pressure (Shut-in) 0	Choke Size 34/64"

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
Timothy Wall
Printed Name
Timothy Wall
Date
10/30/91
Senior Production Engineer
Title
(713) 953-5300
Telephone No.

OIL CONSERVATION DIVISION

MAR 2 6 1992

Date Approved

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.