

OIL CONSERVATION DIVISION

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

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NOV 23 1992

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator Olympic Oil and Gas Corporation		Well API No. 30-015-27070
Address 1000 Louisiana, Suite 6770, Houston, Texas 77002		
Reason(s) for Filing (Check proper box) New Well <input checked="" type="checkbox"/> Change in Transporter of: <input type="checkbox"/> Other (Please explain) Recompletion <input type="checkbox"/> Oil <input checked="" 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		

CASINGHEAD GAS MUST NOT BE
FLARED AFTER 2/8/93
UNLESS AN EXCEPTION FROM
THE B. L. M. IS OBTAINED

II. DESCRIPTION OF WELL AND LEASE

Lease Name Spike Federal	Well No. 1	Pool Name, Including Formation Undesignated Delaware	Kind of Lease State, Federal or Fee	Lease No. NM54150
Location Unit Letter "G" : 1650 Feet From The North Line and 1980 Feet From The East Line Section 24 Township 20-S Range 28-E, NMPM, Eddy County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil Amoco Pipeline	<input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) Iter Corporate Trucking 502 Northwest Avenue Levelland, TX 79336			
Name of Authorized Transporter of Casinghead Gas N/A Pending Contract	<input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) N/A			
If well produces oil or liquids, give location of tanks. Test	Unit G	Sec. 2	Twp. Rge.	Is gas actually connected? No	When? Pending contract

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 X	Gas Well	New Well X	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 9/18/92	Date Compl. Ready to Prod. 11/9/92	Total Depth 5,725'	P.B.T.D. 5,685'					
Elevations (DF, RKB, RT, GR, etc.) 3,246' KB	Name of Producing Formation Delaware	Top Oil/Gas Pay 5,411'	Tubing Depth 5,470' SN					
Perforations 5,411'-5,418' (6 shots); 5,450'-5,456' (5 shots)			Depth Casing Shoe 5,725'					
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
17-1/2"	13-3/8"	400'	420 sxs circ.					
12-1/4"	8-5/8"	2,935'	2,430 sxs (1" to surf.)					
7-7/8"	5-1/2"	5,725'	1,025 sxs circ.					

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 10/15/92	Date of Test 11/9/92	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hours	Tubing Pressure N/A	Casing Pressure N/A	Choke Size N/A
Actual Prod. During Test 106	Oil - Bbls. 40	Water - Bbls. 66	Gas - MCF 75 est.

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

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
J. Eddie Rodriguez, Sr. Production Reservoir Eng.
Printed Name
11/10/92 (713) 659-4900
Date
Telephone No.

OIL CONSERVATION DIVISION

Date Approved DEC 18 1992

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.