

OIL CONSERVATION DIVISION

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

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

Operator B. BERNARD LANKFORD, JR.		Well API No. 30-015-27613
Address P O BOX 238 MIDLAND, TX 79702		
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 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 STATE 28	Well No. 1	Pool Name, Including Formation BURTON SOUTH; YATES GAS	Kind of Lease State, Federal or Fee	Lease No. VB-0240
Location Unit Letter C : 1650 Feet From The WEST Line and 660 Feet From The NORTH Line Section 28 Township 20S Range 28E , NMPM, EDDY County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	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?
					NO	10-1-93

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 X	New Well X	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 07-31-93	Date Compl. Ready to Prod.		Total Depth 770'		P.B.T.D. 760'			
Elevations (DF, RKB, RT, GR, etc.) 3228	Name of Producing Formation YATES		Top Oil/Gas Pay		Tubing Depth 640'			
Perforations 710-745					Depth Casing Shoe			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12	8-5/8		346		220			
7-7/8	5-1/2		769		190			
5-1/2	2-3/8		640		-			

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.) RECEIVED	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size SEP 20 1993
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF C.I.D.

GAS WELL

Actual Prod. Test - MCF/D 360	Length of Test 24 HR	Bbls. Condensate/MMCF 0	Gravity of Condensate N/A
Testing Method (prior, back pr.) ORFICE TESTOR	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size 14/64

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  
B. BERNARD LANKFORD, JR. OPERATOR  
Printed Name  
09/17/93 Title  
(915) 682-6386  
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved NOV 18 1993

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.