

OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

APR 23 1984

REQUEST FOR ALLOWABLE
AND
APPROPRIATE OFFICE
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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OPERATOR	<input checked="" type="checkbox"/>
PRODUCTION OFFICE	

Operator: Ammex Petroleum, Inc.

Address: Box 10507 Midland, TX 79702

Reason(s) for filing (Check proper box):
 New Well Change in Transporter of:
 Recompletion Oil Dry Gas
 Change in Ownership Casinghead Gas Condensate

Other (Please explain):
5-26-84

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Big Eddy</u>	Well No. <u>98</u>	Pool Name, Including Formation <u>Wildcat Delaware</u>	Kind of Lease State, Federal or Fee <u>Federal</u>	Lease No. <u>LC-060572</u>
Location Unit Letter <u>F</u> ; <u>2180</u> Feet From The <u>North</u> Line and <u>1980</u> Feet From The <u>West</u>				
Line of Section <u>7</u> T. wship <u>21S</u> Range <u>28E</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"/> <u>UPG, Inc.</u>	Address (Give address to which approved copy of this form is to be sent) <u>Box 3339 Abilene, TX 79604</u>
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>No Contract</u>	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 <u>F</u> Sec. <u>7</u> Twp. <u>21S</u> Rge. <u>28E</u>	Is gas actually connected? <u>no</u> When _____

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 <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded <u>1/18/84</u>	Date Compl. Ready to Prod. <u>3/20/84</u>	Total Depth <u>9050</u>	P.B.T.D. <u>3311</u>					
Elevations (DF, RKB, RT, CR, etc.) <u>3159.6' Gr</u>	Name of Producing Formation <u>Delaware</u>	Top Oil/Gas Pay <u>2942'</u>	Tubing Depth <u>3004</u>					
Perforations <u>3122-3130 & 3145-3160 below BP @ 3080. 2942-2976 open</u>						Depth Casing Shoe <u>3357</u>		
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
<u>17 1/2"</u>	<u>13 3/8" 48#</u>		<u>359'</u>		<u>430 sx "C"</u>			
<u>11"</u>	<u>8 5/8" 24#</u>		<u>3450'</u>		<u>1400 sx LW, 150 sx "C"</u>			
<u>7 7/8"</u>	<u>5 1/2" 15.5#</u>		<u>3357'</u>		<u>250 sx 50/50 POZ</u>			
	<u>2 3/8" tubing</u>		<u>3004'</u>					

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 Tanks <u>3/22/84</u>	Date of Test <u>4/6/84</u>	Producing Method (Flow, pump, gas lift, etc.) <u>pump</u>	
Length of Test <u>24 hrs</u>	Tubing Pressure <u>--</u>	Casing Pressure <u>18#</u>	Choke Size <u>--</u>
Actual Prod. During Test <u>119 BF</u>	Oil-Bbls. <u>54</u>	Water-Bbls. <u>65</u>	Gas-MCF <u>41</u>

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. 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.

Julie J. J. J.
(Signature)
Operations Clerk
(Title)
4/10/84
(Date)

OIL CONSERVATION DIVISION
APR 26 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 multiple completed wells.