

REQUEST FOR ALLOWABLE
AND RECEIVED

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS
MAY 20 1983

O. C. D.
ARTESIA, OFFICE

DISTRIBUTION	
BAKTA PE	<input checked="" type="checkbox"/>
FILE	<input checked="" type="checkbox"/>
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	<input checked="" type="checkbox"/>
OIL	
GAS	
OPERATOR	<input checked="" type="checkbox"/>
PROMOTION OFFICE	

Operator Orla Petco, Inc. & Hopi Drlg. Company ✓

Address C/O Box 953, Midland, TX 79702

Reason(s) for filing (Check proper box)		Other (Please explain)	
New Well <input type="checkbox"/>	Change In Transporter of: Oil <input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/>	Effective Date 5/1/83	
Recompletion <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>		
Change In Ownership <input type="checkbox"/>			

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

DESCRIPTION OF WELL AND LEASE

Lease Name <u>C/S-Federal</u>	Well No. <u>1</u>	Pool Name, including Formation <u>Herradura Bend (Delaware)</u>	Kind of Lease State, Federal or Fee <u>Federal</u>	Lease No. <u>022684</u>
Location				
Unit Letter <u>0</u>	<u>330</u>	Feet From The <u>South</u>	Line and <u>1650</u>	Feet From The <u>East</u>
Line of Section <u>31</u>	Township <u>22S</u>	Range <u>28E</u>	. NMPM, <u>Eddy</u> County	

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <u>CITGO Petroleum Corporation</u>	Address (Give address to which approved copy of this form is to be sent) <u>Box 272, Odessa, TX 79760-0272</u>
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>None</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>0</u> Sec. <u>31</u> Twp. <u>22S</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: _____

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Stim. Res.	Prod. Res.
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, CR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
Perforations				Depth Casing Shoe				

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

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	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	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (flow, back pr.)	Tubing Pressure (6242-in)	Casing Pressure (6242-in)	Choke Size

CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

[Signature]
(Signature)
[Name]
(Title)
[Date]
(Date)

OIL CONSERVATION COMMISSION
MAY 25 1983

APPROVED _____, 19____
BY Mike Walker
TITLE OIL AND GAS INSPECTOR

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 deviated tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for all wells, old, new and recompleted wells.
Fill out only Sections I, II, III, and VI for change of owner, well name or number, or transporter, or other such change of condition.