

RECEIVED

NOV 03 1981

O. C. D.

ARTESIA, OFFICE

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	1
FILE	1
U.S.O.B.	
LAND OFFICE	
TRANSPORTER	
OIL	1
GAS	1
OPERATOR	1
PRODUCTION OFFICE	

Operator  
DINERO OPERATING COMPANY ✓Address  
Post Office Drawer 10505, Midland, Texas 79702

Reason(s) for filing (Check proper box)

New Well	<input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

Other (Please explain)

CASINGHEAD GAS MUST NOT BE  
FLARED AFTER 12-10-81  
UNLESS AN EXCEPTION TO Rule 306  
IS OBTAINEDIf change of ownership give name  
and address of previous owner

## DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Dewey	1	(Bone Springs) Wildcat	State, Federal or Fee Federal	NM 27919
Location				
Unit Letter	D	660 Feet From The North Line and 560 Feet From The West		
Line of Section	24	T. 24-S	Range 28-E	NMPM, Eddy County

## DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Koch Oil Company	2205 Wilco Building, Midland, Texas 79701
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
El Paso Natural Gas Company	P. O. Box 1492, El Paso, Texas 79978
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
Unit D 24 24 28	Not at this time

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 <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 Restv. <input type="checkbox"/>	Diff. Restv. <input type="checkbox"/>
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
5/29/81	10/3/81	7102	7082					
Elevations (DF, RKB, RT, CR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
2971 G.L.	(Bone Springs) Wildcat	6382	6850					
Perforations 6767-68-69-70-71-72-73-74', 6778-80', 6786-88', 6797-6804', 6814-18', 6825-35', 6837-44', 6874-78', 6382-84, 6444-62, 6512-18, 6542-48, 6570-77, 6612-14'			Depth Casing Shoe					
			7102					
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
17 1/2	13 3/8	414'	400 sx. CL. C.					
11	8 5/8	2500'	1000 Howco Lite-250 CL.C					
7 7/8	4 1/2	7102'	1200 Trinty Lite-200 Nea					
		278'	6850					

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)

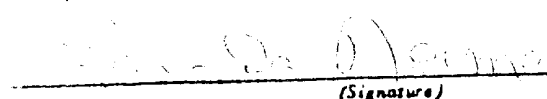
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
10/3/81	10/16/81	Pumping	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hours		20#	
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
	40	63	240

## GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pistol, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

## 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.



Production Clerk

(Title)

10/26/81

(Date)

## OIL CONSERVATION DIVISION

APPROVED NOV 16 1981

BY W. A. Gresset

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 deviate 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.

J D J



DRILLING CO.

206 NORTH MAIN  
MIDLAND, TEXAS 79701

915/683-6171

RECEIVED

NOV 13 1981

O. C. D.  
ARTESIA, OFFICE

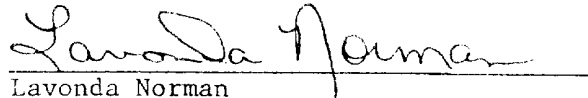
INCLINATION REPORT /

DEWEY #1  
DINERO OPERATING CO.

Measured Depth (feet)	Angle of inclination ( in degrees)
200'	$\frac{1}{4}^{\circ}$
414'	$1^{\circ}$
918'	$\frac{3}{4}^{\circ}$
1418'	$1\frac{1}{4}^{\circ}$
1914'	$\frac{3}{4}^{\circ}$
2500'	$2^{\circ}$
2856'	$1^{\circ}$
3357'	$1^{\circ}$
3900'	$1\frac{1}{2}^{\circ}$
4445'	$1^{\circ}$
4946'	$\frac{3}{4}^{\circ}$
5554'	$1^{\circ}$
6371'	$1\frac{1}{4}^{\circ}$
7100' TD	$1 \frac{3}{4}^{\circ}$

STATE OF TEXAS  
COUNTY OF MIDLAND

I, the undersigned, declare that I am authorized to to make this report,  
and that the data and facts stated therein are true, correct, and complete,  
to the best of my knowledge.

  
Lavonda Norman  
Production Department

SWORN AND SUBSCRIBED TO BEFORE ME this \_\_\_\_\_ day of \_\_\_\_\_,  
1981.

\_\_\_\_\_  
Notary Public in and for Midland County,  
Texas

My Commission Expires: