

DATE RECEIVED	
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FILE	
U.S. B.	
LAND OFFICE	
TRANSPORTER	
OPERATION	
PRODUCTION OFFICE	

SEP 2 1982

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

O. C. D. REQUEST FOR ALLOWABLE
ARTESIA, OFFICE AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GASOperator
LINARD OPERATING COMPANY

Address

P. O. DRAWER 10509, MIDLAND, TEXAS 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)

If 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
PAY HOWARD	1-Y	Bone Spring	State, Federal or Fee	Fee
Location				
Unit Letter	P	660 Feet From The	South	Line and 610 Feet From The
Line of Section	25	Township	23-S	Range
			28-E	NMPM, Eddy

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☒	Address (Give address to which approved copy of this form is to be sent)					
The Permian Corporation	P. O. Box 1183, Houston, Texas 77001					
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒	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, New Mexico 79978					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	P	25	23-S	28-E	Yes	August 8, 1982

If this production is commingled with that from any other lease or pool, give commingling order number: CTB-290

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff.
	X		X					
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
10/20/82	8/13/82		6,960'		6660'			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
2964.7 C.L.	Bone Spring		-6232'		6350'			
Perforations					Depth Casing Shoe			
6322-6575, 6354-6577, 6672-6835'					/			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17 1/2	13 3/8	397'	450 sx. CL. C 2%
11	8 5/8	2550'	1100 sx. & 250 sx.
7 7/8	4 1/2	6690'	375 sx. & 400 sx.

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
able 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.)	
8/13/82	8/20/82	Pumping	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hours			
Actual Prod. During Test	Oil-Bble.	Water-Bble.	Gas-MCF
	11	130	7500 cu ft.

GAS WELL

Actual Prod. Test-MCF/24	Length of Test	Bble. Condensate/MMCF	Gravity of Condensate
Testing Method (prior, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

1. 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)

(Title)

(Date)

OIL CONSERVATION DIVISION

APPROVED SEP 15 1982

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 deep-
well, this form must be accompanied by a tabulation of the device
tests taken on the well in accordance with RULE 111.All sections of this form must be filled out completely for all
able on new and recompleted wells.Fill out only Sections I, II, III, and VI for changes of ow
well name or number, or transporter, or other such change of condi-
Separate forms C-104 must be filed for each pool in multi-