

## OIL CONSERVATION DIVISION

P. O. BOX 2000

SANTA FE, NEW MEXICO 87501

RECEIVED

MAR 16 1983

O. C. D.

ARTESIA, OFFICE

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	<input checked="" type="checkbox"/>
FILE	<input checked="" type="checkbox"/>
U.S.S.	
LAND OFFICE	
TRANSPORTER	<input checked="" type="checkbox"/>
OPERATOR	<input checked="" type="checkbox"/>
PRODUCTION OFFICE	

Operator THE DESANA CORPORATION	
Address 600 Building of the Southwest, Midland, Texas 79701	
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"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Other (P. O. Box 791, Midland, Texas 79702) <b>HEAD GAS MUST NOT BE FLARED AFTER 5/21/83 UNLESS AN EXCEPTION TO Rule 306 IS OBTAINED.</b>	
FY # 2-660 Unit 9/10/83	

If change of ownership give name  
and address of previous owner \_\_\_\_\_

## II. DESCRIPTION OF WELL AND LEASE

Lease Name Amoco MU State	Well No. 1-Y	Pool Name, Including Formation Undes. - Bone Spring	Kind of Lease State, Federal or Fee	Lease No. LG 468
Location				
Unit Letter J : 1980 Feet From The South Line and 1950 Feet From The East				
Line of Section 6 Township 24-S Range 27-E, NMPM, Eddy 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"/> Phillips Petroleum Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 791, Midland, Texas 79702
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input 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
J 6 24-S 27-E	No

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 8-17-82	Date Compl. Ready to Prod. 2-18-83	Total Depth 5700'	P.B.T.D. 5649'
Elevations (DF, R&B, RT, GR, etc.) 3241.9' GL	Name of Producing Formation Bone Spring	Top Oil/Gas Pay 5461'	Tubing Depth 5420'
Perforations 5461-66' & 5469-71' w/1 JSPF, 10 holes			Depth Casing Shoe 5649'
TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/4	8-5/8" 24#	520	300 sx, cmt circ
7-7/8	4-1/2" 10.50#	5700	800 sx Lite 300 sx 50-
			50 poz C, top cmt 1650'
	2-3/8" 4.7#	5420 anchored	

## 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 3-1-83	Date of Test 3-4-83	Producing Method (Flow, pump, gas lift, etc.) Pmpg	Post FB-2 3-15-83 Lamp BK
Length of Test 24	Tubing Pressure 150	Casing Pressure 150	Choke Size 15/64
Actual Prod. During Test 10.21	Oil-Bbls. 10	Water-Bbls. 115	Gas-MCF 125

## 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

## 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.

## OIL CONSERVATION DIVISION

MAR 22 1983

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.

Form C-104 must be filed for each pool in multiply

Tom R. Cook  
(Signature) Tom R. CookProduction Superintendent  
(Title)

March 14, 1983

(Date)