

OIL CONSERVATION DIVISION

RECEIVED

DISTRICT II
P.O. Drawer DD, Anesia, NM 88210

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

APR - 3 1992

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

I.

Operator <u>Sylvite Corporation</u>	Well API No. <u>30-015-26811</u>
Address <u>6966 S. Ultes; Suite 200; Tulsa, OK 74136</u>	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input checked="" type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
If change of operator give name and address of previous operator	

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>LEU</u>	Well No. <u>2</u>	Location, Including Formation <u>E. Loving Delaware</u> <u>S. Chetlers Bluff (B.S.)</u>	Kind of Lease <u>Fee</u>	Lease No. <u>Fee</u>
Location Unit Letter <u>A</u> : <u>510</u> Feet From The <u>NORTH</u> Line and <u>510</u> Feet From The <u>East</u> Line Section <u>28</u> Township <u>23 S</u> Range <u>28 E</u> , NMPM, <u>Edley</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>Tride Pipeline</u>	Address (Give address to which approved copy of this form is to be sent) <u>12300 Ford Road Dallas TX 75231</u>					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>Midland Marketing Corp</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 3426; Midland, Texas 79702</u>					
If well produces oil or liquids, give location of tanks.	Unit <u>A</u>	Sec. <u>28</u>	Twp. <u>23 S</u>	Rge. <u>28 E</u>	Is gas actually connected? <u>yes</u>	When? <u>3-28-92</u>
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	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded <u>9-8-91</u>	Date Compl. Ready to Prod. <u>3-25-92</u>	Total Depth <u>6801'</u>	P.B.T.D. <u>6280'</u>					
Elevations (DF, RKB, RT, GR, etc.) <u>3036, 16R</u>	Name of Producing Formation <u>Delaware (B.C.)</u>	Top Oil/Gas Pay <u>6160'</u>	Tubing Depth <u>6033'</u>					
Perforations <u>6101-6183/22 holes.</u>	Depth Casing Shoe							
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE <u>12 1/4"</u> <u>7 7/8"</u>	CASING & TUBING SIZE <u>8 5/8"</u> <u>5 1/2"</u>		DEPTH SET <u>580'</u> <u>6800'</u>		SACKS CEMENT <u>240</u> <u>Post TD-2</u> <u>1010</u> <u>5-8-92</u> <u>comp. Del.</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 Tank <u>3-25-92</u>	Date of Test <u>3-26-92</u>	Producing Method (Flow, pump, gas lift, etc.) <u>Pump</u>	
Length of Test <u>24 hrs</u>	Tubing Pressure <u>150#</u>	Casing Pressure <u>90#</u>	Choke Size
Actual Prod. During Test <u>176</u>	Oil - Bbls. <u>63</u>	Water - Bbls. <u>113</u>	Gas - MCF <u>94</u>
GAS WELL Note: Current Completion in EAST LOVING (Delaware) FIELD 3-25-92			
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. OPERATOR 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 D.G. Campbell Title President
Printed Name D.G. CAMPBELL
Date 3-29-92 Telephone No. 918-494-6031

OIL CONSERVATION DIVISION

Date Approved APR 10 1992

By ORIGINAL SIGNED BY
MIKE WILLIAMS
Title SUPERVISOR, DISTRICT II

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.