

I. REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator  
Kaiser-Francis Oil Company

Well API No.  
30-015-26870

Address  
P. O. Box 21468, Tulsa, OK 74121-1468

Reason(s) for Filing (Check proper box)  
New Well ☒ Other (Please explain) ☐  
Recompletion ☐ Change in Transporter of:  
Change in Operator ☐ Oil ☐ Dry Gas ☐  
Casinghead Gas ☐ Condensate ☐

If change of operator give name and address of previous operator

II. DESCRIPTION OF WELL AND LEASE

Lease Name Willow Lake	Well No. 2	Pool Name, Including Formation Willow Lake (Atoka)	Kind of Lease State, Federal or <u>Fee</u>	Lease No. -
Location Unit Letter <u>B</u> : <u>990</u> Feet From The <u>North</u> Line and <u>1980</u> Feet From The <u>East</u> Line Section <u>22</u> Township <u>24S</u> Range <u>28E</u> , NMPM, <u>Eddy</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" 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, TX 79928				
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When?
					<u>NO</u>	<u>NOPE 6-1-92</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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
		<u>X</u>	<u>X</u>					
Date Spudded 1/6/92	Date Compl. Ready to Prod. 4/28/92		Total Depth 11825		P.B.T.D. 11703			
Elevations (DF, RKB, RT, GR, etc.) 3006 GR	Name of Producing Formation Atoka		Top Oil/Gas Pay 11679		Tubing Depth 11640			
Perforations 11679' - 11692'					Depth Casing Shoe 11822			

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17 1/2	13 3/8	449	450
12 1/4	9 5/8	2575	1165
8 3/4	7	10463	1610
6	4 1/2 (Liner)	10206 - 11822	296

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	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 1137	Length of Test 24 hrs.	Bbls. Condensate/MMCF 0	Gravity of Condensate -
Testing Method (pilot, back pr.) 24 hr. flow	Tubing Pressure (Shut-in) 590	Casing Pressure (Shut-in) Pkr.	Choke Size 24/64

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.

C. Van Valkenburg  
Signature  
Charlotte Van Valkenburg, Tech. Coordinator  
Printed Name  
Date 5/13/92

918-491-4314  
Title  
Telephone No.

OIL CONSERVATION DIVISION

Date Approved JUN 16 1992

By ORIGINAL SIGNED BY  
MIKE WILLIAMS  
Title SUPERVISOR, DISTRICT II