

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

OIL CONSERVATION DIVISION

DEC 20 1993

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator Kaiser-Francis Oil Company		Well API No. 30-015-27616
Address P. O. Box 21468, Tulsa, OK 74121-1468		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
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 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 Pure Gold A Federal	Well No. 3	Pool Name, Including Formation W. Sand Dunes (Delaware)	Kind of Lease State (Federal) or Fee	Lease No. NM - 38464
Location Unit Letter N : 530 Feet From The South Line and 1650 Feet From The West Line Section 21 Township 23S Range 31E, 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"/> EOTT Energy Corporation	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1188, Houston, TX 77251-1188	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> El Paso Natural Gas Co.	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1492, El Paso, TX 79978	
If well produces oil or liquids, give location of tanks.	Unit N	Sec. 21
	Twp. 23S	Rge. 31E
Is gas actually connected?	When ? 11/29/93	

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 <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 10/16/93	Date Compl. Ready to Prod. 11/24/93		Total Depth 8120		P.B.T.D. 8079			
Elevations (DF, RKB, RT, GR, etc.) 3354 GR	Name of Producing Formation Delaware		Top Oil/Gas Pay 7790		Tubing Depth 7750			
Perforations 7790' - 7892' o.a.					Depth Casing Shoe 8120			

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17 1/2	13 3/8	700	700
11	8 5/8	4070	1350
7 7/8	5 1/2	8120	625
7 7/8	DV Tool	6192	950

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 11/26/93	Date of Test 12/10/93	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 hrs.	Tubing Pressure 80	Casing Pressure 225	Choke Size 24/64
Actual Prod. During Test	Oil - Bbls. 490	Water - Bbls. 150	Gas - MCF 250

GAS WELL

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 C. Jan Valkenburg
Charlotte Van Valkenburg, Technical Coordinator
Printed Name
12/15/93
Date
918-491-4314
Telephone No.

OIL CONSERVATION DIVISION

DEC 22 1993

Date Approved

By

SUPERVISOR DISTRICT II

Title

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.