

OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

George H. Mitchell ✓

P.O. Box 385, Artesia, New Mexico 88211-0385

Reason(s) for filing (Check proper box)

New Well ☐
Recompletion ☐
Change in Ownership ☐

Change in Transporter of:

Oil ☒Dry Gas ☐Casinghead Gas ☐Condensate ☐

Other (Please explain)

Change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Well Name: Littlefield B0 Federal Well No.: 1 Pool Name, including Formation: Brushy Draw Delaware Kind of Lease: Fed. IC 065928A

Section: B 948.8 Feet From The North Line and 1659.90 Feet From The East

Range: 29 Township: 26 NMPM: Eddy County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐

Avalajo Refining Company

Address (Give address to which approved copy of this form is to be sent)

P.O. Drawer 159, Artesia, N.M. 88211-0159

Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐

Continental Oil Company

Address (Give address to which approved copy of this form is to be sent)

Odessa, Texas

Well produces oil or liquids,
or location of tanks.

Unit: A Sec.: 34 Twp.: 26S Rge.: 29E

Is gas actually connected?

No

When

This production is commingled with that from any other lease or pool, give commingling order number:

COMPLETION DATA

Designate Type of Completion - (X) Oil Well Gas Well New Well Workover Deepen Plug Back Same Resv. Diff. Resv.
Date Spud: Date Compl. Ready to Prod. Total Depth P.B.T.D.
Completion (DE, RAB, RT, GR, etc.) Name of Producing Formation Top Oil/Gas Pay Tubing Depth
Casing Shoe

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT
Perk ID-3
9-1-86
Chg LT: SOCTEST DATA AND REQUEST FOR ALLOWABLE
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 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 Length of Test Bbls. Condensate/MMCF Gravity of Condensate
Testing Method (prior, back pr.) Tubing Pressure (shut-in) Casing Pressure (shut-in) Choke Size

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.

Nancy Ling
(Signature)
Agent

(Title)

June 26, 1986
(Date)

OIL CONSERVATION DIVISION

JUN 27 1986

APPROVED

BY

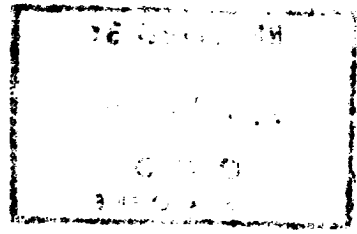
Original Signed By

Les A. Clements

TITLE

Supervisor District II

This form is to be filed in compliance with RULE 1102.
If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviate 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.
Separate Forms C-104 must be filed for each pool in multiple-completed wells.



U.S. DEPT. OF AGRICULTURE
BUREAU OF PLANT INDUSTRY
WASHINGTON, D.C.