

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

JAN 22 1987

REQUEST FOR ALLOWABLE
AND
OIL TO TRANSPORT OIL AND NATURAL GAS

C. L. D.
AUTHOR

Calvin F. and Alma F. Tennison

P. O. Box 2232, Midland, Texas 79702-2232

Reason(s) for filing (Check proper box)

New Well	☐	Change in Transporter of:	
Recompletion	☐	Oil	☒ Dry Gas ☐
Change in Ownership	☐	Casinghead Gas	☐ Condensate ☐

Other (Please explain)

If change of ownership give name
and address of previous owner _____

1. DESCRIPTION OF WELL AND LEASE

DESCRIPTION OF WELL AND LEASE				Kind of Lease		Lease No.
Lease Name	Well No.	Pool Name, including Formation	State, Federal or Free State			
Poker Lake State	1	Corral Canyon (Delaware)	State			
Location						
Unit Letter	M	; 663.2 Feet From The		Line and	663.2 Feet From The	
Line of Section	8	Township	25	Range	30	NMPM, Eddy County

1. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS					Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Oil ☒ or Condensate ☐					P. O. Drawer 159, Artesia, N.M. 88210	
Navajo						
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐					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
	M	8	25	30	no	

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

V. COMPLETION DATA

COMPLETION DATA									
Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.			Total Depth			P.B.T.D.		
Elevations (DF, RAB, RT, GR, etc.)	Name of Producing Formation			Top Oil/Gas Pay			Tubing Depth		
Perforations							Depth Casing Shoe		

TUBING, CASING, AND CEMENTING RECORD

TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
			Post FD-3
			1-30-87
			Chg WT: TSC

7. 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 allow-
able for this depth or be for full 24 hours)

TEST DATA AND RESULTS		Producing Method (Flow, pump, gas lift, etc.)	
Date First New Oil Run To Tanks	Date of Test	Flowing Pressure	Choke Size
Length of Test	Tubing Pressure	Water - Bbls.	Gas - MCF
Actual Prod. During Test	Oil - Bbls.		

GAS WELL

GAS WELL		Bbls. Condensate/MMCF	Gravity of Condensate
Actual Prod. Test-MCF/D	Length of Test		
Testing Method (prior, back pr.)	Tubing Pressure (lbwt-in)	Casing Pressure (lbwt-in)	Choke Size

C. 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.

Brenda Coffman
(Singer)

Agent

(Tule)

January 9, 1987

(Date)

OIL CONSERVATION DIVISION

JAN 26 1987

APPROVED _____, 19

Original Signed By
BY Mike Williams

TITLE Oil & Gas Inspector

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 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 change of owner,
well name or number, or transporter, or other such change of condition.

Separate Form C-104 must be filed for each pool in multiple related wells.