

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

RECEIVED

APR 03 '89

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

O. C. D.
ARTESIA, OFFICE

Calvin F. Tennison ✓

P. O. Box 2232, Midland, Texas 79702 0832

Reason(s) for filing (Check proper box)	Other (Please explain)
New Well ☐	
Recompletion ☐	
Change in Ownership ☐	
Change in Transporter oil: ☐	
Oil ☐	
Gas ☐	
Condensate ☐	
Change in Ownership give name and address of previous owner	

DESCRIPTION OF WELL AND LEASE

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

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐	Address (Give address to which approved copy of this form is to be sent)					
Navajo	P. O. Drawer 159, Artesia, N.M. 88210					
Name of Authorized Transporter of Gas ☒ or Dry Gas ☐	Address (Give address to which approved copy of this form is to be sent)					
Phillips Petroleum Company	1040 Plaza Office Bldg. Bartlesville, OK 74004					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	11	8	25	30	yes	3-18-88
If 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 Res'ty.	Diff. Res'ty.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.E.T.D.					
Elevations (D.F., R.A.B., R.T., C.R., etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
Perturbations			Depth Casing Shoe					

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
			Post ID-3
			4-7-89
			Add 67:PP

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 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-Dolls.	Water-Dolls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Dolls. Condensate/MMCF	Gravity of Condensate
Testing Method (plug, back pr.)	Tubing Pressure (Shot-in)	Casing Pressure (Shot-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.

Brenda Callman

Agent

3-27-89

OIL CONSERVATION DIVISION

APPROVED APR 4 1989
BY Original Signed By Mike Williams
TITLE

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 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.