

OIL CONSERVATION DIVISION
 P. O. BOX 2888
SANTA FE, NEW MEXICO 87501

RECEIVED

**REQUEST FOR ALLOWABLE
 AND
 AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS**

DEC 14 1972

STATE OF NEW MEXICO	
DISTRICT	
COUNTY	
CITY	
U.S.O.S.	
LAND OFFICE	
TRANSPORTER	
OPERATOR	
PRODUCTION OFFICE	

Operator El Paso Natural Gas Company
 Address Box 1492, El Paso, Texas 79978

Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	Change Lease Name and Well Number From: <u>Cities-Federal No. 3</u>
Recompletion <input type="checkbox"/>	
Change in Ownership <input checked="" type="checkbox"/>	
Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	

If change of ownership give name and address of previous owner Alpha Twenty-One Production Co., 2100 First Natl. Bk., Midland, Tx. 79701
 PROJECT APPROVED BY NMCCD ORDER NO. E-6175-A

DESCRIPTION OF WELL AND LEASE

Lease Name <u>Washington Ranch</u>	Well No. <u>3</u>	Pool Name, including Formation <u>Washington Ranch Morrow</u>	Kind of Lease State, Federal or Fee <u>Federal</u>	Lease No. <u>0472</u>
Storage Project <u>WI</u>				
Location Unit Letter <u>I</u> ; <u>2080</u> Feet From The <u>South</u> Line and <u>660</u> Feet From The <u>East</u> Line of Section <u>33</u> Township <u>25 South</u> Range <u>24 East</u> , NMPM, <u>Eddy</u> County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>The Permian Corporation</u>	<u>Box 3119, Midland, Texas 79702</u>
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)
<u>El Paso Natural Gas Company</u>	<u>Box 1492, El Paso, Tx., 79978</u>
If well produces oil or liquids, give location of tanks.	Is gas actually connected? when
Unit <u>I</u> Sec. <u>33</u> Twp. <u>25</u> Rge. <u>24</u>	<u>yes</u> <u>3-17-72</u>

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 Resrv. Diff.
<input checked="" type="checkbox"/>							
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.				
Elevations (DF, REB, RT, CR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth				
Perforations	Depth Casing Shoe						
TUBING, CASING, AND CEMENTING RECORD							
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT				

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 testable 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 (part, back flow)	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.

OIL CONSERVATION DIVISION
 APPROVED: JAN 1 1973
 BY: W.A. Gussett
 TITLE: SUPERVISOR, DISTRICT II

This form is to be filed in compliance with NMLF 1104.
 State of New Mexico - Request for allowable for a newly drilled or deepened well.