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NEW MEXICO OIL CONSERVATION COMMISSION

REQUEST FOR ALLOWABLE

AND

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-
Effective 1-1-65

RECEIVED

MAY 18 1978

O. C. C.
ARTESIA, OFFICE

Operator
D. B. Baxter

Address
P. O. Box 4171, Midland, Texas 79701

Reason(s) for filing (Check proper box)

| | | | | Other (Please explain) |
|---|---|---|---|---|
| New Well | X | Re-entry | Change in Transporter of: | |
| Recompletion | | | Oil ☐ Dry Gas ☐ | |
| Change in Ownership | | | Casinghead Gas ☐ Condensate ☐ | |

If change of 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. |
|---|---|---|---|---|
| Ross Draw Unit | 5-~~B~~ | Undesignated (Bone Spring) | State, Federal or Fee Federal | 11042 |

Location

Unit Letter K ; 1980 Feet From The South Line and 1980 Feet From The West

Line of Section 27 Township 26-S Range 30-E , NMPM, Eddy County

## DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

| Name of Authorized Transporter of Oil ☐ or Condensate [X] | Address (Give address to which approved copy of this form is to be sent) |
|---|---|
| The Permian Corporation | P. O. Box 1183, Houston, Texas 77002 |
| Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas [X] | Address (Give address to which approved copy of this form is to be sent) |
| El Paso Natural Gas Company | P. O. Box 1384, Jal, New Mexico 88252 |

| If well produces oil or liquids, give location of tanks. | Unit | Sec. | Twp. | Rge. | Is gas actually connected? | When |
|---|---|---|---|---|---|---|
| | K | 27 | 26S | 30E | Yes | 5-18-78 |

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'v. | Diff. Res'v. |
|---|---|---|---|---|---|---|---|---|
| | | X | X | | | | | |

| Date Spudded | Date Compl. Ready to Prod. | Total Depth | P.B.T.D. |
|---|---|---|---|
| 12/17/77 | 3/25/78 | ~~DTD 16326~~ STD 9052' | 8500' |
| **Elevations (DF, RKB, RT, GR, etc.)** | **Name of Producing Formation** | **Top Oil/Gas Pay** | **Tubing Depth** |
| 2995.5' GR | Bone Spring | 8235' | 8428' |
| **Perforations** | | | **Depth Casing Shoe** |
| None - open hole 8235-8500 | | | 8235' |

### TUBING, CASING, AND CEMENTING RECORD

| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT |
|---|---|---|---|
| ~~9-7/8"~~ 17½" | 13⅜" ~~7-5/8"~~ | 3300 ~~8235.22'~~ | 2425 ~~1100~~ sacks |
| 12¼ & 9½ | 7⅝" | 8235 | 1100 |
| 2-3/8" Tubing | | 8428' | |
| | | | |

## TEST DATA AND REQUEST FOR ALLOWABLE (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)

OIL WELL

| 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 |
|---|---|---|---|
| 250 | 24 hrs. | 25 bbls. per day | 60 |
| **Testing Method (Pitot, Back pr.)** | **Tubing Pressure (Shut-in)** | **Casing Pressure (Shut-in)** | **Choke Size** |
| Open flow | 2700# | Packer | 1/4" |

## CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

R. Bulkley
(Signature)

Agent
(Title)

May 17, 1978
(Date)

## OIL CONSERVATION COMMISSION

APPROVED JUN - 7 1978, 19

BY W. A. Gressett

TITLE SUPERVISOR, DISTRICT II

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