

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

OCT 15 1980

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

O. C. D.
ARTESIA, OFFICE

DyAd Associates (formerly Dyches & Adkisson) ✓

Address
P.O. Box 8425, Midland, Texas 79703

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 *Dyches + Adkisson Box 8425 Midland Texas*

DESCRIPTION OF WELL AND LEASE

Lease Name Castile Federal	Well No. 1	Pool Name, Including Formation Glen Castile	Kind of Lease State, Federal or Fee Federal	Lease No. 22998
Location Unit Letter <u>J</u> ; <u>2310</u> Feet From The <u>South</u> Line and <u>2310</u> Feet From The <u>East</u> Line of Section <u>29</u> Township <u>26-S</u> Range <u>27-E</u> , NMPM, <u>Eddy</u> County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Permian Corp.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1183, Houston, Texas 77001
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> NA	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 <u>J</u> Sec. <u>29</u> Twp. <u>26S</u> Rge. <u>27E</u> Is gas actually connected? <u>NA</u> When

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 <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'tv. Diff. Perf. <input type="checkbox"/>
Date Spudded 11-17-79	Date Compl. Ready to Prod. 11-30-79	Total Depth 925'		P.B.T.D. 915'			
Elevations (DF, RKB, RT, GR, etc.) 3190 GR	Name of Producing Formation Castile Lime	Top Oil/Gas Pay 864'		Tubing Depth 894'			
Perforations 864' to 874' w/ 4 SPF				Depth Casing Shoe 917'			
TUBING, CASING, AND CEMENTING RECORD							
HOLE SIZE 6 3/4"	CASING & TUBING SIZE 4 1/2"	DEPTH SET 917'		SACKS CEMENT 150			
	2 3/8"	894'					

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 11-30-79	Date of Test 11-30/12-1-79	Producing Method (Flow, pump, gas lift, etc.) pump	
Length of Test 24 hrs.	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test 9 bbls.	Oil - Bbls. 9 bbls.	Water - Bbls. 0	Gas - MCF TSTM

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, 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.

Tom Dyches
(Signature)

Partner

10-13-80

(Title)

(Date)

OIL CONSERVATION DIVISION

APPROVED OCT 15 1980, 19

BY *W. G. Gressett*
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 deviated 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.