

OIL CONSERVATION DIVISION

P. O. BOX 2088

APR 19 1982

SANTA FE, NEW MEXICO 87501

O. C. D.

ARTESIA OFFICE

REQUEST FOR ALLOWABLE

AND

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Richard C. Slack

Drawer 820, Pecos, Texas 79772

Reason(s) for filing (Check proper box)

New Well ☐Recompletion ☐Change in Ownership ☒

Change in Transporter of:

Oil ☐Casinghead Gas ☐Dry Gas ☐Condensate ☐

Other (Please explain)

If change of ownership give name
and address of previous owner

Dyad & Associates, P. O. Box 8425, Midland, Texas 70703

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 J	2310	Feet From The South	Line and 2310	Feet From The East
Line of Section 29	To Township 26-S	Range 27-E	County Eddy	

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐ Permian Corporation	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1183, Houston, TX 77001	
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐ TSTM	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 J	Sec. 29
	Top. 26S	Reg. 27E
	Is gas actually connected? NA	
	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 ☒	Gas well ☐	New Well ☐	Workover ☐	Deepen ☐	Plug Back ☐	Sank, Healed, LIFT, Etc. ☐
Date Spudded 11/17/79	Date Compl. Ready to Prod. 11/30/79		Total Depth 925'		P.B.T.D. 915'		
Elevations (DF, RKB, FT, GR, etc.) 3190' GR	Name of Producing Formation Castile Line		Top Oil/Gas Pay 864'		Tubing Depth 894'		
Perforations 864, 865, 866, 867, 868, 869, 870, 871, 872, 873, 874					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 sacks cement		
	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 24 hours)

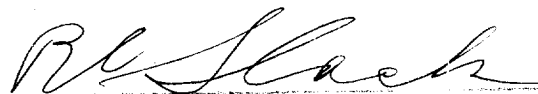
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

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



Operator

March 25, 1982

OIL CONSERVATION DIVISION

APR 29 1982

APPROVED

BY

SUPERVISOR, DISTRICT II

TITLE

This form is to be filed in compliance with rules 11-11-1.

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 footage taken on the well in accordance with rule 11-11-1.

All sections of this form must be filled out completely for all wells, on new and recompleted wells.

This form only applies to I, II, III, and V. For changes of ownership, number, or transporter or other such changes of conditions, the form must be filled out for each pool in which