

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

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AUG 14 1980

O. C. D.
ARTESIA, OFFICEREQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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I. Operator **Ford Chapman & Associates**

Address **c/o Oil Reports & Gas Services, Inc., Box 763, Hobbs, NM 88240**

Reason(s) for filing (Check proper box)

New Well	<input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

Other (Please explain) **CASINGHEAD GAS MUST NOT BE FLARED AFTER 10-5-80 UNLESS AN EXCEPTION TO Rule 306 IS OBTAINED**

If change of ownership give name and address of previous owner **St. J-922**

II. DESCRIPTION OF WELL AND LEASE

Lease Name Gulf Federal	Well No. 2	Pool Name, Including Formation Brushy Draw Delaware	Kind of Lease State, Federal or Fee Federal	Lease No. LC-061581
Location				
Unit Letter N	990	Feet From The South	Line and 1650	Feet From The West
Line of Section 24	Township 26S	Range 29E	NMPM	Eddy County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> The 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 <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	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 F Sec. 24 Twp. 26S Rge. 29E
Is gas actually connected?	No

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res't.	Diff. Res't.
Date Spudded 4/24/80	Date Compl. Ready to Prod. 8/5/80	Total Depth 3142	P.B.T.D. ---					
Elevations (OF, RKB, RT, GR, etc.) 2948.5 GR	Name of Producing Formation Delaware	Top Oil/Gas Pay 3137	Tubing Depth 3107					
Perforations Open Hole 3137-3142	Depth Casing Shoe 3137							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE 12 1/2	CASING & TUBING SIZE 10 3/4		DEPTH SET 363		SACKS CEMENT 120			
8	4 1/2		3137		35			
	2 3/8		3107					

V. 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)

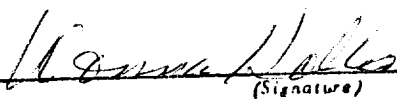
Date First New Oil Run To Tanks 8/5/80	Date of Test 8/11/80	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hrs	Tubing Pressure ---	Casing Pressure ---	Choke Size ---
Actual Prod. During Test 100 bbls fluid	Oil-Bbls. 15	Water-Bbls. 85	Gas-MCF 8

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

VI. 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.


(Signature)
Agent

(Title)

8/12/80

(Date)

OIL CONSERVATION DIVISION

AUG 28 1980

APPROVED _____, 19____

BY **W. A. Gussert**
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 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.