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AUG 04 1983

O. C. D.
ARTESIA, OFFICE

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator Ray H. Haskins	
Address First City Center One, Suite 1195, Midland, TX 79701	
Reason(s) for filing (Check proper box)	
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Other (Please explain) Request for allowable and status as a shut-in gas well.	
If change of ownership give name and address of previous owner	

I. DESCRIPTION OF WELL AND LEASE

Lease Name Aminoil-State	Well No. 1	Pool Name, Including Formation Wildcat (Delaware)	Kind of Lease State, Federal or Fee	State State	Lease No. LG-94
Location					
Unit Letter C	590	Feet From The North	Line and 1980	Feet From The West	
Line of Section 22	Township 26-S	Range 28-E	NMPM,		Eddy County

I. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> None	Address (Give address to which approved copy of this form is to be sent)				
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> None	Address (Give address to which approved copy of this form is to be sent)				
If well produces oil or liquids, give location of tanks. None	Unit	Sec.	Twp.	Rge.	Is gas actually connected? No (S.I., no market)
					When

If this production is commingled with that from any other lease or pool, give commingling order number: NO

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 12/29/82	Date Compl. Ready to Prod. 4/15/83	Total Depth 6069"	P.B.T.D. 5920 Cmt.					
Elevations (DF, RKB, RT, GR, etc.) GL 2967.3 KB 2979	Name of Producing Formation Delaware (Bell Canyon)	Top Oil/Gas Pay 3039"	Tubing Depth 3097"					
Perforations 3039-3043-3047-3055-3088-3090½-3093½			Depth Casing Shoe 6069"					

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17-1/2"	13-3/8"	425'	450
11"	8-5/8"	2518'	900
7-7/8"	4-1/2"	5994"	1375
	2 7/8	3097	

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	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 150	Length of Test 24 Hrs.	Bbls. Condensate/MMCF 0	Gravity of Condensate 0
Testing Method (pilot, back pr.) Back Pressure	Tubing Pressure (Shut-in) 600	Casing Pressure (Shut-in) 1300	Choke Size 1/2"

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.

Ray H. Haskins

(Signature)

Ray H. Haskins, Operator

(Title)

August 1, 1983

(Date)

OIL CONSERVATION DIVISION

APPROVED _____, 19 _____

BY _____

TITLE _____

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 multiply completed wells.

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PRODUCTION OFFICE	

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Reason(s) for filing (Check proper box)

New Well	<input type="checkbox"/>	Change in Transporter of:		Other (Please explain)
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>	Request for allowable and status
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>	as a shut-in gas well.
		Dry Gas	<input type="checkbox"/>	
		Condensate	<input type="checkbox"/>	

If change of ownership give name and address of previous owner _____

DESCRIPTION OF WELL AND LEASE

Lease Name	Aminoil-State	Well No.	1	Pool Name, including Formation	Wildcat (Delaware)	Kind of Lease	State	Lease No	LG-94
Location									
Unit Letter	C	590	Feet From The	North	Line and	1980	Feet From The	West	
Line of Section	22	Township	26-S	Range	28-E		Eddy		County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil	<input type="checkbox"/>	or Condensate	<input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)			
None							
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)			
None							
If well produces oil or liquids, give location of tanks.	None	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
						No (S.I., no market)	

If this production is commingled with that from any other lease or pool, give commingling order number: NO

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Restv.	Diff. Restv.
		X	X					
Date Spudded	12/29/82	Date Compl. Ready to Prod.	4/15/83	Total Depth	6069"	P.B.T.D.	5920 Cmt.	
Elevations (DF, RKB, RT, GR, etc.)	GL 2967, KB 2979	Name of Producing Formation	Delaware (Bell Canyon)	Top Oil/Gas Pay	3039"	Tubing Depth	3097"	
Perforations	3039-3043-3047-3055-3088-3090½-3093½						Depth Casing Shoe	6069"

TUBING, CASING, AND CEMENTING RECORD

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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
150	24 Hrs.	0	0
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
Back Pressure	600	1300	1/2"

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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.

Ray H. Haskins

(Signature)

Ray H. Haskins, Operator

(Title)

August 1, 1983

(Date)

OIL CONSERVATION DIVISION

APPROVED _____, 19 _____

BY _____

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