

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

RECEIVED

SEP 29 1993

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator <u>CLAC O</u>	Well API No.
Address <u>2708 QUARTER HORSE RD. ARTESIA, N.M. 88210</u>	
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 Operator <input checked="" type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
If change of operator give name and address of previous operator <u>ITG INTERPAISE</u>	

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>GULF FEDERAL</u>	Well No. <u>1</u>	Pool Name, Including Formation <u>BRUSHY DRAW DELAWARE</u>	Kind of Lease State, Federal or Fee <u>FEDERAL</u>	Lease No. <u>LC-061497</u>
Location Unit Letter <u>0</u> : <u>700</u> Feet From The <u>SOUTH</u> Line and <u>2205</u> Feet From The <u>EAST</u> Line Section <u>13</u> Township <u>26S</u> Range <u>29E</u> , NMPM, <u>EDDY</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> <u>SCURLOCK PERMIAN CORP</u>	Address (Give address to which approved copy of this form is to be sent) <u>BOX 1183 HOUSTON, TEXAS, 77001</u>					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>CONOCO INC.</u>	Address (Give address to which approved copy of this form is to be sent) <u>BOX 2197 HOUSTON, TEXAS, 77001</u>					
If well produces oil or liquids, give location of tanks.	Unit <u>0</u>	Sec. <u>13</u>	Twp. <u>26S</u>	Rge. <u>29E</u>	Is gas actually connected? <u>YES</u>	When? <u>MARCH 20, 1985</u>

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
Perforations						Depth Casing Shoe		
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT <u>Post ID-3</u> <u>10-15-93</u> <u>sky op</u>		

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 Tank	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		Bbls. Condensate/MMCF	Gravity of Condensate
Actual Prod. Test - MCF/D	Length of Test	Casing Pressure (Shut-in)	Choke Size
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)		

VI. OPERATOR 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.

Russell Clark
Signature
RUSSELL CLACK PARTNER
Printed Name Title
SEPT 29, 1993 (505) 748-1064
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved OCT 7 1993

By ORIGINAL SIGNED BY
MIKE WILLIAMS
SUPERVISOR, DISTRICT II

Title

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.