

OIL CONSERVATION DIVISION

P. O. BOX 2000

SANTA FE, NEW MEXICO 87501

RECEIVED BY

APR -4 1985

O. C. D.

REQUEST FOR ALLOWABLE
AND

ARTESIAN PRODUCTION TO TRANSPORT OIL AND NATURAL GAS

WORTH PETROLEUM COMPANY

P.O. BOX 17406, FORT WORTH, TEXAS 76102

Check proper box

Well ☒
Completion ☐
Change in Ownership ☐

Change in Transporter of:

Oil ☐ Dry Gas ☐
Casinghead Gas ☐ Condensate ☐

Other (Please explain)

Age of ownership give name
Address of previous owner

DESCRIPTION OF WELL AND LEASE

Well Name WORTH-FEDERAL	Well No. 4	Pool Name, Including Formation BRUSHY DRAW (DELAWARE)	Kind of Lease State, Federal or Fee FEDERAL	Lease No. NM-21767
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Well Letter A : 1012 Feet From The North Line and 590 Feet From The East

Section 22 Township 26S Range 29E NMPM. EDDY County

LOCATION OF TRANSPORTER OF OIL AND NATURAL GAS

Oil or Condensate ☒	Address (Give address to which approved copy of this form is to be sent) P.O. BOX 1183, HOUSTON, TEXAS 77251
Casinghead Gas ☒ or Dry Gas ☐	Address (Give address to which approved copy of this form is to be sent) P.O. BOX 2197, HOUSTON, TEXAS 77001
Unit <u>H</u> Sec. <u>22</u> Twp. <u>26S</u> Rge. <u>29E</u>	Is gas actually connected? <u>Yes</u> When <u>3/19/85</u>

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

PRODUCTION DATA

Designate Type of Completion - (X)	Oil well ☒ Gas well ☐ New Well ☒ Workover ☐ Deepen ☐ Plug Back ☐ Same Res'v. ☐ Diff. Res'v. ☐		
Spudded <u>2/15/85</u>	Date Compl. Ready to Prod. <u>3/19/85</u>	Total Depth <u>5147</u>	P.B.T.D. <u>5116</u>
Grains (LB, RAB, RT, GR, etc.) <u>2872 GL</u>	Name of Producing Formation <u>BRUSHY DRAW (DELAWARE)</u>	Top Oil/Gas Pay <u>5035</u>	Tubing Depth <u>5033</u>
Locations <u>5035-5085</u>		Depth Casing Shoe <u>5031</u>	

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<u>12 1/4"</u>	<u>8 5/8"</u>	<u>436'</u>	<u>450</u>
<u>7 7/8"</u>	<u>5 1/2"</u>	<u>5147'</u>	<u>550</u>
	<u>2 7/8"</u>	<u>5033</u>	

TEST DATA AND REQUEST FOR ALLOWABLE 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)

First Flow Oil Run To Tanks <u>3/27/85</u>	Date of Test <u>3/27/85</u>	Producing Method (Flow, pump, gas lift, etc.) <u>PUMP</u>	<u>Post ED-2</u> <u>4-12-85</u> <u>Comp + BK</u> <u>(X)</u>	
Length of Test <u>24 hours</u>	Tubing Pressure <u>90</u>	Casing Pressure		Choke Size
Prod. During Test <u>129</u>	Oil-Bbls. <u>129</u>	Water-Bbls. <u>173</u>		Gas-MCF <u>66</u>

GOR 512:1

Well <u>WORTH-FEDERAL</u>	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
By Me and (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 is true and complete to the best of my knowledge and belief.

PRESIDENT

MARCH 22, 1985 (Date)

OIL CONSERVATION DIVISION

APPROVED APR 8 1985, 19

Original Signed By
Les A. Clements

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 1104.

All sections of this form must be filled out completely for allowable on new and re-completed wells.

Approved by Les A. Clements for changes of ownership.