

OIL CONSERVATION DIVISION

P. O. BOX 2000

SANTA FE, NEW MEXICO 87501

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APR 1 1985

REQUEST FOR ALLOWABLE
AND

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS
ARTESIA, NM

WORTH PETROLEUM COMPANY

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

Use for filing (Check proper box)

Well ☒
Completion ☐
Change in Ownership ☐

Change in Transporter of:

Oil ☐ Dry Gas ☐
Casinghead Gas ☐ Condensate ☐

Other (Please explain)

Testing
REQUEST FOR TEMPORARY ALLOWABLE FOR
APRIL OF 3,000 BBLs.
Delaware 4984

Age of ownership give name
Address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
EXXON-FEDERAL	2	BRUSHY DRAW (DELAWARE)	State, Federal or Fee FEDERAL	NM-44532

Well Letter N : 2310 Feet From The WEST Line and 330 Feet From The SOUTH

Section 15 Township 26S Range 29E NMPM, EDDY County

TRANSPORTER OF OIL AND NATURAL GAS

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, TEXAS 77251

Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐

CONOCO, INC.

Address (Give address to which approved copy of this form is to be sent)

P.O. Box 2197, Houston, TEXAS 77001

Well produces oil or liquids, ☒
Location of tanks, N 15 26S 29E

Is gas actually connected? when
NO

If 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	Same Res'ty.	Diff. Res'ty.
	X							
Completed 3/2/85	Date Compl. Ready to Prod. 3/27/85	Total Depth 5180'	P.B.T.D. 5146					
Sections (LF, R&B, RT, GR, etc.) 2914 GR	Name of Producing Formation BRUSHY DRAW (DELAWARE)	Top Oil/Gas Pay 4984	Tubing Depth 4985					
			Depth Casing Shoe 5178					

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4"	8 5/8"	436'	450
7 7/8"	5 1/2"	5180	450
	2 7/8"	4985	

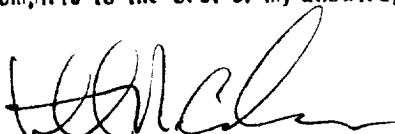
TEST DATA AND REQUEST FOR ALLOWABLE WELL

(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 New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Shut-In Test	Tubing Pressure	Casing Pressure	Choke Size
Oil Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
Well			
Oil Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (spot, 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.



MICHAEL R. GLEASON, PRESIDENT
(Title)

OIL CONSERVATION DIVISION

APPROVED APR 2 1985, 19

BY Original Signed By
Leslie A. Clements
TITLE Supervisor District II

This form is to be filled 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 re-completed wells.