

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

RECEIVED

JUN 19 1985

O. C. B.

NATURAL ARTESIA, OIL

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

WORTH PETROLEUM CO

Address

P O BOX 17406 FORT WORTH, TX 76102

Reason for filing (Check proper box)

New Well

☒

Change in Transporter oil:

Completion

☐

Oil

☐

Dry Gas

☐

Change in Ownership

☐

Casinghead Gas

☐

Condensate

☐

Other (Please explain)

Change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
AMOCO-FEDERAL	8	BRUSHY DRAW DELAWARE	State, Federal or Fee FEDERAL	NM38636

Location

Unit Letter F : 2310 Feet From The WEST Line and 1650 Feet From The NORTHLine of Section 27 Township 26S Range 29E , NMPM, EDDY County

SIGNATURE OF TRANSPORTER OF OIL AND NATURAL GAS

Name of 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, TX 77001

Name of 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, TX 77002

Well produces oil or liquids,
or location of tanks.

Unit

Sec.

Twp.

Rge.

Is gas actually connected?

When

I

27

26

29

YES

5-18-85

This 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'v.

Diff. Res'v.

Date Spudded

4-13-85

Date Compl. Ready to Prod.

5-11-85

Total Depth

5014 5200

P.U.T.D.

4984

Productions (LF, RAB, RT, GR, etc.)

2880 GR

Name of Producing Formation

BRUSHY DRAW DELAWARE

Top Oil/Gas Pay

4951

Tubing Depth

4929

Elevations

4951-4997'; 21 HOLES

Depth Casing Shoe

5013

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4	8-5/8	482	300
7-7/8	5 1/4	5197	350
	2-7/8	4929	

TEST DATA AND REQUEST FOR ALLOWABLE
ON WELL

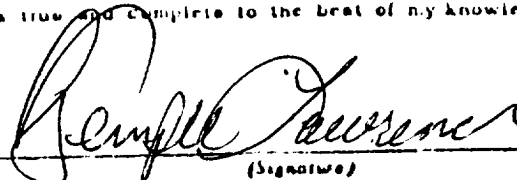
(Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	Post #0-2 6-28-85 Comp & RK
5/12/85	5/12/85	PUMP	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 HRS			
Test Pres. During Test	Oil-Bble.	Water-Bble.	Gas-MCF
126	126	153	61

AS WELL

Test Pres. Test-MCF/D	Length of Test	Bble. Condensate/MMCF	Gravity of Condensate
Casing Method (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.

ADMINISTRATIVE ASSISTANT

(Title)

JUNE 8, 1985

OIL CONSERVATION DIVISION

JUN 25 1985

APPROVED _____, 19

BY _____ 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 deviated
tests taken on the well in accordance with RULE 111.All sections of this form must be filled out completely for allow-
able on new and recompleted wells.

Fill out only Section 1, 2, 3, 4, 5, and 6 for changes of owner