

## OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

RECEIVED BY  
FEB 23 1987REQUEST FOR ALLOWABLE  
ANDO. C. D.  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS  
ARTESIA, OFFICE

Geo. H. Mitchell

Address  
Box 963 Kermit, Texas 79745

Reason(s) for filing (Check proper box)

New Well	<input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

Other (Please explain)

Request for Allowable

If change of ownership give name  
and address of previous owner

## DESCRIPTION OF WELL AND LEASE

Lease Name <u>Federal Littlefield B02</u>	Well No. <u>2d-3</u>	Pool Name, including Formation <u>Brushy Draw Delaware</u>	Kind of Lease <u>Federal</u>	Lease No. <u>LC 065928-1</u>
Location Unit Letter <u>B</u> ; <u>400</u> Feet From The <u>north</u> Line and <u>1980</u> Feet From The <u>east</u> Line of Section <u>34</u> Township <u>26S</u> Range <u>29E</u> , NMPL, <u>Eddy</u> County				

## DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <u>Navajo Refining</u>	Address (Give address to which approved copy of this form is to be sent) <u>Drawer 159 Artesia, N.M. 88210</u>					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>Conoco</u>	Address (Give address to which approved copy of this form is to be sent) <u>Box 90 Maljamar, N.M. 88264</u>					
If well produces oil or liquids, give location of tanks.	Unit <u>BA</u>	Sec. <u>34</u>	Twp. <u>26S</u>	Rge. <u>29E</u>	Is gas actually connected? <u>yes</u>	When <u>September 1984</u>

If 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 <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Rest'v. <input type="checkbox"/>	Diff. Rest'v. <input type="checkbox"/>
Date Spudded <u>12-15-86</u>	Date Compl. Ready to Prod. <u>1-12-87</u>		Total Depth <u>5200'</u>		P.B.T.D. <u>5127'</u>			
Elevations (DF, RKB, RT, GR, etc.) <u>2875 GR</u>	Name of Producing Formation <u>Cherry Canyon</u>		Top Oil/Gas Pay <u>4810 4817</u>		Tubing Depth <u>4949</u>			
Perforations <u>4817' - 4955'</u>					Depth Casing Shoe <u>5197</u>			

## TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<u>12 1/4</u>	<u>9 5/8"</u>	<u>354'</u>	<u>170 sk</u>
<u>7 7/8</u>	<u>4 1/2"</u>	<u>5200'</u>	<u>615 sk</u>
			<u>Post ID-2</u>
			<u>2-27-86</u>
			<u>sampled</u>

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 oil  
able for this depth or be for full 24 hours)

Date First New Oil Run To Tanks <u>2-2-87</u>	Date of Test <u>2-17-87</u>	Producing Method (Flow, pump, gas lift, etc.) <u>Pump</u>	
Length of Test <u>24 hours</u>	Tubing Pressure <u>Pump</u>	Casing Pressure <u>30 PSIG</u>	Choke Size <u>None</u>
Actual Prod. During Test <u>190 bbls</u>	Oil-Bbls. <u>35</u>	Water-Bbls. <u>40</u>	Gas-MCF <u>42</u>

## GAS WELL

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

## I. 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.

George P. Mitchell II - Agent

February 20, 1987

## OIL CONSERVATION DIVISION

APPROVED FEB 26 1987, 19BY Original Signed By  
Mike WilliamsTITLE Oil & Gas Inspector

This form is to be filed in compliance with RULE 1102.

If this is a request for allowable for a newly drilled or deepened  
well, this form must be accompanied by a tabulation of the deviate  
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 Sections I, II, III, and VI for changes of own-  
er, well name or number, or transporter, or other such change of condi-  
tion.

Separate Form C-104 must be filed for each pool in multi-