

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

RECEIVED

Form C-104
Revised 10-1-78

JAN 22 '91

C. C. D.
ARTESIA, NEW MEXICOREQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

DATE RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.O.	
LAND OFFICE	
TRANSPORTER	
OIL	
GAS	
OPERATION	
PRODUCTION OFFICE	
Operator	

GP II Energy, Inc. ✓

Address

P.O. Box 50682, Midland, Texas 79710

Reason(s) for filing (Check proper box)

New Well ☒Recompletion ☐Change in Ownership ☐

Change in Transporter of:

Oil ☐Casinghead Gas ☐Dry Gas ☐Condensate ☐

Other (Please explain)

If change of ownership give name
and address of previous owner

George H. Mitchell

II. DESCRIPTION OF WELL AND LEASE

Lease Name Littlefield B.O. Fed.	Well No. 5	Pool Name, Including Formation Brushy Draw Delaware	Kind of Lease State, Federal or Fee Fed	Lease No. LC-065928A
Location				
Unit Letter <u>G</u> : <u>1610</u> Feet From The <u>North</u> Line and <u>1650'</u> Feet From The <u>East</u>				
Line of Section <u>34</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 checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Navajo Refining Company	Box 159, Artesia, New Mexico 88210					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
If well produces oil or liquids, give location of tanks.	Unit A	Sec. 34	Twp. 26S	Rge. 29E	Is gas actually connected? <input type="checkbox"/>	When

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

V. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 10-27-90	Date Compl. Ready to Prod. 1-2-91		Total Depth 5035'		P.B.T.D. 5031'			
Elevations (DF, RKB, RT, GR, etc.) 2877.6' GR	Name of Producing Formation Williamson - sand		Top Oil/Gas Pay 4872- 4898		Tubing Depth 4850'			
Perforations 4898' - 4970'					Depth Casing Shoe 5034'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4"	8 5/8"		384'		250 Post ID-3			
7 7/8"	4 1/2"		5035'		1200 3-15-91			
	2 3/8"		4850'		chg of name			

VI. 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)

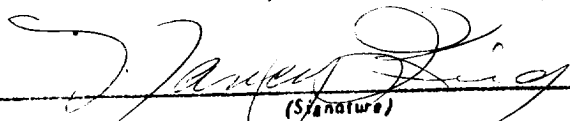
Date First New Oil Run To Tanks 1-6-91	Date of Test 1-8-91	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hrs.	Tubing Pressure	Casing Pressure 60	Choke Size
Actual Prod. During Test 180	Oil - Bbls. 25	Water - Bbls. 155	Gas - MCF TSTM

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (piston, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-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.



Agent

(Title)

1-18 -91

(Date)

OIL CONSERVATION DIVISION

MAR 5 1991

APPROVED _____, 19____

BY _____ ORIGINAL SIGNED BY

MIKE WILLIAMS

TITLE _____ SUPERVISOR, DISTRICT II

This form is to be filed in compliance with RULE 111.

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 recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells.