

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

RECEIVED OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator Charles B. Gillespie, Jr.		Well API No. 30-015-26772
Address P.O. Box 8 Midland, Texas 79702		
Reason(s) for Filing (Check proper box) New Well <input checked="" type="checkbox"/> <input type="checkbox"/> Other (Please explain) CASINGHEAD GAS MUST NOT BE PLACED AFTER 4/1/92 UNLESS AN EXCEPTION FROM THE B.L.M. IS OBTAINED Recompletion <input type="checkbox"/> Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Change in Operator <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>		
If change of operator give name and address of previous operator		

II. DESCRIPTION OF WELL AND LEASE

Lease Name Poker Lake Unit	Well No. 76	Pool Name, Including Formation Poker Lake Delaware, South	Kind of Lease State, Federal or Fee	Lease No. NM-030454
Location Unit Letter D : 495 Feet From The North Line and 660 Feet From The West Line Section 34 Township 24S Range 31E , NMPM , Eddy 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"/> Pride Pipeline Company	Address (Give address to which approved copy of this form is to be sent) P.O. Box 2436 Abilene, TX 79604
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 P Sec. 28 Twp. 24S Rge. 31E	Is gas actually connected? No When ?

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

IV. 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 Res'v <input type="checkbox"/>	Diff Res'v <input type="checkbox"/>
Date Spudded 6/30/91	Date Compl. Ready to Prod. 8/30/91	Total Depth 6125'		P.B.T.D. 6079'				
Elevations (DF, RKB, RT, GR, etc.) 3483.9' GR 3495' KB	Name of Producing Formation Delaware	Top Oil/Gas Pay 5972'		Tubing Depth 5930'				
Perforations 5972' - 5993', 5996' - 6010'				Depth Casing Shoe 6125'				
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		SACKS CEMENT				
12 1/4"	8 5/8"	424'		715				
7 7/8"	7"	687'		550				
6 1/4"	4 1/2"	6125'		150				
4 1/2" Csg.	2 3/8"	5930'		---				

V. 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 Tank 8/30/91	Date of Test 9/20/91	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 Hrs.	Tubing Pressure 20#	Casing Pressure 20#	Choke Size ---
Actual Prod. During Test 242	Oil - Bbls. 42	Water - Bbls. 200	Gas - MCF 15

GAS WELL

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

VI. OPERATOR 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.

Signature
David W. Hastings Production Manager
Printed Name
9/23/91 Title
(915)683-1765
Date
Telephone No.

OIL CONSERVATION DIVISION

Date Approved **JAN 29 1992**

By **ORIGINAL SIGNED BY**
MIKE WILLIAMS
Title **SUPERVISOR, DISTRICT II**

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.