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LAND OFFICE	
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GAS	<input checked="" type="checkbox"/>
OPERATION	<input checked="" type="checkbox"/>
PRODUCTION OFFICE	
Operator	

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FEB 29 1984

O. C. D.

ARTESIA, OFFICE REQUEST FOR ALLOWABLE
AND

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

J. Ray Stewart

Address

P.O. Box 451, Midland, Texas 79702

Reason(s) for filing (Check proper box)

New Well

☒

Recompletion

☐

Change in Ownership

☐

Change in Transporter of:

Oil

☒

Dry Gas

☐

Casinghead Gas

☐

Condensate

☐

Other (Please explain)

Request for 500 bbl test allowable

Delaware 3686 - 3694

If 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.
Poker Lake Unit	61	Corral Canyon-Delaware	State, Federal or Fee Federal	LC-06489
Location				
Unit Letter	E	1980 Feet From The North Line and 660 Feet From The West		
Line of Section	17	Township 25S	Range 30E	NMPM, Eddy County

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)
Tesoro Crude Oil	P.O. Box 2297, Midland, Texas 79702
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 Sec. Twp. Rge. Is gas actually connected? When
	E 17 25S 30E No

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Reservoir	Diff. Res.
	X		X				X	
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
12/03/83	1/05/84	3765'	3749'					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
3195.6' GR	Delaware	3686'	3626'					
Perforations			Depth Casing Shoe					
3686-3694' (9 holes-1 SPF)			3764'					

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4"	8 5/8"	760'	520 SX
7 7/8"	4 1/2"	3764'	200 SX
4 1/2"	2 3/8"	3626'	

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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

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

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.

Jerry W. Franklin

(Signature)

Agent

2/29/84

(Date)

OIL CONSERVATION DIVISION

APPROVED

FEB 29 1984

Original Signed By

Leslie A. Clements

BY

Supervisor District II

TITLE

This form is to be filed in compliance with RULE 1.04.

If this is a request for allowable for a newly drilled or deeper 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 all wells on now and recompleted wells.

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

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