

## OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

I. OPERATOR  
**SPEEREX LTD. PARTNERSHIP**

Address  
**P.O. BOX 255, FARMINGTON, N.M. 87499**

Reason(s) for filing (Check proper box)

New Well	<input type="checkbox"/>	Change In Transporter of:		Other (Please explain)	
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>	Dry Gas	<input type="checkbox"/>
Change In Ownership	<input checked="" type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>	Condensate	<input type="checkbox"/>

If change of ownership give name and address of previous owner OXOCO Exploration & Production, Inc., 1360 Post Oak Blvd., Suite 1900, Houston, Texas 77056

## II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>Gass</b>	Well No. <b>2</b>	Pool Name, Including Formation <b>W.A.W. (Fruitland Pictured Cliffs)</b>	Kind of Lease State, Federal or Fee <b>Federal</b>	Lease No. <b>NM-33034</b>
Location Unit Letter <b>0</b> : <b>790</b> Feet From The <b>South</b> Line and <b>1850</b> Feet From The <b>East</b>				
Line of Section <b>8</b> Township <b>27N</b> Range <b>13W</b> , NMPM, <b>San Juan</b> County				

## III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> <b>N.A.</b>	Address (Give address to which approved copy of this form is to be sent)					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> <b>EL PASO NATURAL GAS CO.</b>	Address (Give address to which approved copy of this form is to be sent) <b>P.O. BOX 997, FARMINGTON, N.M.</b>					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
					<b>YES</b>	<b>8/82</b>

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

## IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		<b>X</b>						
Date Spudded <b>10/30/80</b>	Date Compl. Ready to Prod. <b>12/11/80</b>		Total Depth <b>1490'</b>		P.B.T.D. <b>1438'</b>			
Elevations (DF, RKB, RT, GR, etc.) <b>5976 GR</b>	Name of Producing Formation <b>Pictured Cliffs Ss.</b>		Top Oil/Gas Pay <b>1315'</b>		Tubing Depth <b>1310'</b>			
Perforations <b>1315'-1325'</b>					Depth Casing Shoe <b>1468'</b>			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
<b>8-3/4"</b>	<b>7", 17.0#, H-40</b>		<b>109'</b>		<b>50 sx Class B</b>			
<b>5-1/4"</b>	<b>2-7/8", 6.5#, J-55</b>		<b>1468'</b>		<b>150 sx Class B Pozmix</b>			
	<b>1-1/4", 2.4#, J-55</b>		<b>1310'</b>					

## 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

NOV 01 1985

OIL CON. DIV.  
DIST. 3

## GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, 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.

**William R. Speer**  
(Signature)  
**General Partner**  
(Title)  
**10/31/85**  
(Date)

## OIL CONSERVATION DIVISION

APPROVED **NOV 01 1985**  
BY **Frank J. [Signature]**  
TITLE **SUPERVISOR DISTRICT 3**

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 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.