

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

Operator

SPEEREX LTD. PARTNERSHIP

Address

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

Reason(s) for filing (Check proper box)

New Well

☐

Change In Transporter of:

Recompletion

☐

Oil

☐

Dry Gas

☐

Change In Ownership

☒

Casinghead Gas

☐

Condensate

☐

Other (Please explain)

If change of ownership give name

and address of previous owner OXOCO Exploration & Production, Inc., 1360 Post Oak Blvd., Ste. 1900,
Houston, Texas 77056

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Campbell	1	W.A.W. (Fruitland Pictured	State, Federal or Fee Federal	NM-33035
Location		Cliffs)		
Unit Letter <u>C</u>	<u>990</u>	Feet From The <u>North</u> Line and <u>1650</u>	Feet From The <u>West</u>	
Line of Section <u>9</u>	Township <u>27N</u>	Range <u>13W</u>	, NMPM, <u>San Juan</u>	County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
<u>N.A.</u>						
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
<u>EL PASO NATURAL GAS CO.</u>	<u>P.O. BOX 997, Farmington, N.M.</u>					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
					<u>YES</u>	<u>7/82</u>

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

N.A.

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		<u>X</u>						
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
<u>10/25/80</u>	<u>12/12/80</u>	<u>1535'</u>	<u>1481'</u>					
Elevations (DF, RAB, RT, CR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
<u>5957 GR</u>	<u>Pictured Cliffs Ss.</u>	<u>1367'</u>	<u>1368'</u>					
Perforations			Depth Casing Shoe					
<u>1367'-1373'</u>			<u>1509'</u>					

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<u>8-3/4"</u>	<u>7", 17.0#, H-40</u>	<u>106'</u>	<u>50 sx Class B</u>
<u>5-1/4"</u>	<u>2-7/8", 6.5#, J-55</u>	<u>1509'</u>	<u>200 sx Class B Pozmix</u>
	<u>1-1/4", 2.4#, J-55</u>	<u>1368'</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 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
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.

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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

OIL CON. DIV.
DIST. 3

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 Manager
(Title)12/21/85
(Date)

OIL CONSERVATION DIVISION

APPROVED

NOV 01 1985

BY

Frank J. Davis
SUPERVISOR DISTRICT 3

TITLE

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.