

AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

I. OPERATOR
 Operator: **Armer Oil Company**
 Address: **2110 Continental National Bank Building, Fort Worth, Texas 76102**
 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): **PLEASE READ THIS MUST NOT BE**
 If change of ownership give name and address of previous owner: _____

II. DESCRIPTION OF WELL AND LEASE
 Lease Name: **Allied Federal** Well No.: **1** Pool Name, including Formation: **E-K Queen, East R-5063** Kind of Lease: **Federal** Lease No.: **055655**
 Location: Unit Letter **E** 1980 Feet From The **North** Line and **330** Feet From The **West**
 Line of Section **27** Township **18S** Range **34E**, NMPM, **Lee** County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
 Name of Authorized Transporter of Oil or Condensate
Not Connected (Testing) Address (Give address to which approved copy of this form is to be sent): _____
 Name of Authorized Transporter of Casinghead Gas or Dry Gas
Not Connected (Testing) 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 **E** Sec. **27** Twp. **18S** Rge. **34E** 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 Gas Well New Well Workover Deepen Plug Back Same Res'v. Diff. Res'v.
 Date Spudded: **12-28-74** Date Compl. Ready to Prod.: **1-29-75** Total Depth: **4880' RKB** P.B.T.D.: **4852' RKB**
 Elevations (DF, RKB, RT, CR, etc.): **4004' GR, 4016' RKB** Name of Producing Formation: **Penrose sand** Top Oil/Gas Pay: **4825' RKB** Tubing Depth: **4806' RKB**
 Perforations: **4825'-35' RKB with 21-0.42" holes** Depth Casing Shoe: **4878' RKB**
TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/4"	8-5/8" OD	520' RKB	325 sacks
7-7/8"	4 1/2" OD	4878' RKB	400 sacks
	2-3/8" OD	4806' RKB	

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 Tanks: **2-8-75** Date of Test: **2-18-75** Producing Method (Flow, pump, gas lift, etc.): **Pump**
 Length of Test: **24 hours** Tubing Pressure: **Pumping** Casing Pressure: **20 psi** Choke Size: **None**
 Actual Prod. During Test: **113 BF** Oil - Bbls.: **3** Water - Bbls.: **10** Gas - MCF: **20 (Est)**

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. CERTIFICATE OF COMPLIANCE
 I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

 (Signature)
Agent

 (Title)
March 31, 1975

 (Date)

OIL CONSERVATION COMMISSION
 APPROVED: _____, 19____
 BY: **James J. [Signature]**
 TITLE: **SUPV**
 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.

RECEIVED

MAR 1 1973

THE CONSERVATION COMM.
ROBBE, N. M.