

OIL CONSERVATION DIVISION

P. O. BOX 20811  
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
OFFICE	
LAND OFFICE	
TRANSPORTER	OIL
	NATURAL GAS
OPERATOR	
FORMATION OFFICE	

Operator  
Kelloil, Inc.

Address  
900 Neil P. Anderson Bldg., 411 W. 7th Street, Fort Worth, Texas, 76102

Reason(s) for filing (Check proper box)		Other (Please explain)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:	Well plugged and abandoned. One time sell of crude only. Request test allowable for 72 bbl. oil.	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>		
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>		

If change of ownership give name and address of previous owner: ---

**DESCRIPTION OF WELL AND LEASE**

Lease Name State 30 Com	Well No. 1	Pool Name, Including Formation Yates	Kind of Lease State, Federal or Fee State	Lease No. L-3558 L-3678
Location Unit Letter <u>G</u> ; <u>1980</u> Feet From The <u>North</u> Line and <u>1980</u> Feet From The <u>East</u> Line of Section <u>30</u> Township <u>20-S</u> Range <u>35-E</u> , NMPM, Lea County				

**DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS**

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Koch Oil Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 2256, Wichita, Kansas, 67201					
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 6	Sec. 30	Twp. 20S	Rge. 35E	Is gas actually connected? ---	When ---

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 <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> New Well <input type="checkbox"/> Workover <input type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input type="checkbox"/> Same Resrv. <input type="checkbox"/> Diff. Resrv. <input type="checkbox"/>	Dry								
Date Spudded 9-12-80	Date Compl. Ready to Prod.	Total Depth 14,350'	P.B.T.D. 3836'						
Elevations (DF, RKB, RT, CR, etc.) 3714.7 GL; 3736.7 KB	Name of Producing Formation Yates	Top Oil/Gas Pay 3784	Tubing Depth 3784'						
Perforations			Depth Casing Shoe 9 5/8" C 5440'						

**TUBING, CASING, AND CEMENTING RECORD**

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17 1/2"	13 3/8"	865'	775
12 1/2"	9 5/8"	5540	1900
8 3/4"	4 1/2"	14350'	2100

**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 5-6-80	Date of Test --	Producing Method (Flow, pump, gas lift, etc.) Pump	
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.

Harold E. Burk  
(Signature)  
Agent  
(Title)  
Jul 5, 1980

**OIL CONSERVATION DIVISION**

APPROVED \_\_\_\_\_, 19\_\_\_\_  
BY John W. Rangan  
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.