

OIL CONSERVATION DIVISION
P.O. BOX 2088
SANTA FE NEW MEXICO 87501

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

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator: Richey Petroleum

Address: 5718 Westheimer, Suite 1010, Houston, Texas 77057

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: Equitable Petroleum Corporation
P.O. Box 8407, Metairie, La. 70011

DESCRIPTION OF WELL AND LEASE

Lease Name <u>Exxon Federal</u>	Well No. <u>1</u>	Pool Name, including Formation <u>North Mason (Delaware)</u>	Kind of Lease State, Federal or Fee <u>Federal</u>	Lease No. <u>NM-19447</u>
Location: Unit Letter <u>P</u> : <u>660</u> Feet From The <u>South</u> Line and <u>660</u> Feet From The <u>East</u> Line of Section <u>8</u> Township <u>26S</u> Range <u>32E</u> , NMPM, <u>Lea</u> County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> <u>Tesoro Crude Oil Co.</u>	Address (Give address to which approved copy of this form is to be sent) <u>8700 Tesoro Drive, San Antonio, Texas 78286</u>
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>None</u>	Address (Give address to which approved copy of this form is to be sent) <u>None</u>
If well produces oil or liquids, give location of tanks. Unit <u>P</u> Sec. <u>8</u> Twp. <u>26S</u> Rge. <u>32E</u>	Is gas actually connected? <u>No</u> 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) <u>X</u>	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 Res'v. Diff. Res'v.
Date Spudded <u>6-18-81</u>	Date Compl. Ready to Prod. <u>8-28-81</u>	Total Depth <u>4444</u>	F.B.T.D. <u>4444</u>				
Elevations (DF, RAB, RT, GR, etc.) <u>3201 DF; 3193 (GR)</u>	Name of Producing Formation <u>Delaware</u>	Top Oil/Gas Pay <u>4438</u>	Tubing Depth <u>4348</u>				
Perforations <u>None -</u> <u>Open Hole - 4399-4444</u>		Depth Casing Shoe					
TUBING, CASING, AND CEMENTING RECORD							
HOLE SIZE	CASING & TUBING SIZE	DEPTH - SET	SACKS CEMENT				
<u>12 1/2"</u>	<u>8 5/8"</u>	<u>582'</u>	<u>400</u>				
<u>7 7/8"</u>	<u>4 1/2"</u>	<u>4399'</u>	<u>50</u>				
	<u>2 3/8"</u>	<u>4348'</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	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.

W. G. Richey
(Signature)
President
(Title)
August 13, 1984
(Date)

OIL CONSERVATION DIVISION
SEP 14 1984
APPROVED _____, 19_____
BY ORIGINAL SIGNED BY JERRY BEGON
DISTRICT SUPERVISOR
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.