

NEW MEXICO OIL CONSERVATION COMMISSION
SANTA FE, NEW MEXICO
APPLICATION FOR MULTIPLE COMPLETION

CASE - 3809
5-1-68 3810

EXHIBIT No 3

Operator Bronco Oil Corporation		County Lea	Date 6-3-68
Address P. O. Box 5114 Midland, Texas		Lease Saltmount	Well No. 2
Location of Well	Unit	Section	Township
			Range

1. Has the New Mexico Oil Conservation Commission heretofore authorized the multiple completion of a well in these same pools or in the same zones within one mile of the subject well? YES _____ NO X
2. If answer is yes, identify one such instance: Order No. _____ ; Operator Lease, and Well No. _____

3. The following facts are submitted:	Upper Zone	Intermediate Zone	Lower Zone
a. Name of Pool and Formation	Blinebry		Tubb-Drinkard
b. Top and Bottom of Pay Section (Perforations)	5356 - 5559'		6153 - 6243'
c. Type of production (Oil or Gas)	Oil		Oil
d. Method of Production (Flowing or Artificial Lift)	Flow		Pump

4. The following are attached. (Please check YES or NO)

- | | | |
|-------------------------------------|-------------------------------------|---|
| Yes | No | |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | a. Diagrammatic Sketch of the Multiple Completion, showing all casing strings, including diameters and setting depths, centralizers and/or turbolizers and location thereof, quantities used and top of cement, perforated intervals, tubing strings, including diameters and setting depth, location and type of packers and side door chokes, and such other information as may be pertinent. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | b. Plat showing the location of all wells on applicant's lease, all offset wells on offset leases, and the names and addresses of operators of all leases offsetting applicant's lease. |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | c. Waivers consenting to such multiple completion from each offset operator, or in lieu thereof, evidence that said offset operators have been furnished copies of the application.* |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | d. Electrical log of the well or other acceptable log with tops and bottoms of producing zones and intervals of perforation indicated thereon. (If such log is not available at the time application is filed it shall be submitted as provided by Rule 112-A.) |

5. List all offset operators to the lease on which this well is located together with their correct mailing address.

Gulf Oil Corporation Kermit, Texas

Solar Oil Company P. O. Box 5114, Midland, Texas

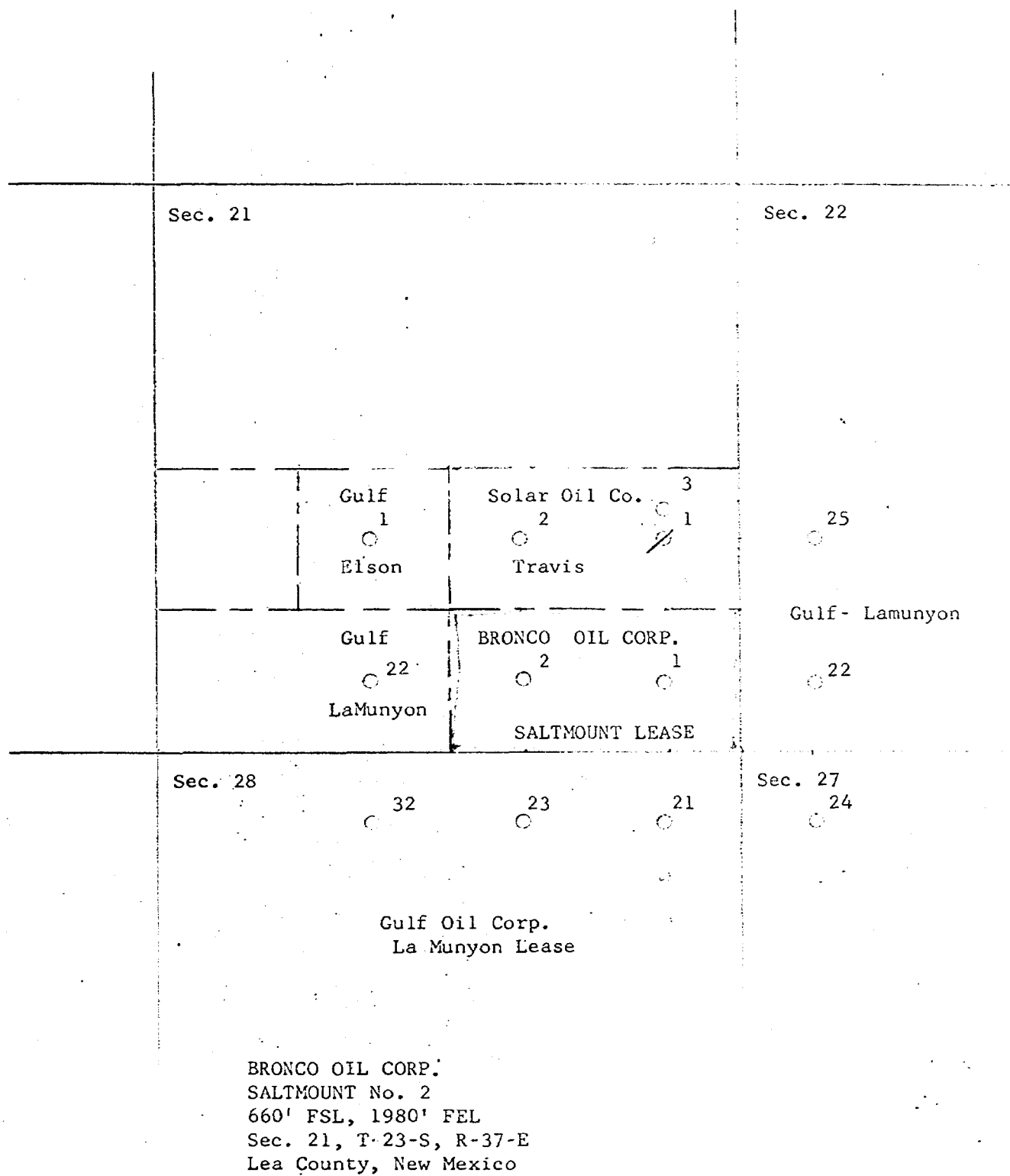
6. Were all operators listed in Item 5 above notified and furnished a copy of this application? YES _____ NO X . If answer is yes, give date of such notification _____

CERTIFICATE: I, the undersigned, state that I am the Vice President of the Bronco Oil Corporation (company), and that I am authorized by said company to make this report; and that this report was prepared under my supervision and direction and that the facts stated therein are true, correct and complete to the best of my knowledge.

Don F. Arnold
Signature

*Should waivers from all offset operators not accompany an application for administrative approval, the New Mexico Oil Conservation Commission will hold the application for a period of twenty (20) days from date of receipt by the Commission's Santa Fe office. If, after said twenty-day period, no protest nor request for hearing is received by the Santa Fe office, the application will then be processed.

NOTE: If the proposed multiple completion will result in an unorthodox well location and/or a non-standard perforation unit in one or more of the producing zones, then separate application for approval of the same should be filed simultaneously with this application.



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TRANSPORTER	OIL GAS
OPERATOR	
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NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

I. OPERATOR

Operator: Bronco Oil Corporation

Address: Vaughn Building, Midland, Texas

Reason(s) for filing (Check proper box):

New Well <input checked="" 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 type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Saltmount</u>	Well No. <u>2</u>	Pool Name, including Formation <u>Undesignated Tubb-Drinkard</u>	Kind of Lease State, Federal or Fee <u>Fee</u>	Lease No.
Location				
Unit Letter <u>0</u>	<u>660</u> Feet From The <u>South</u> Line and <u>1980</u> Feet From The <u>East</u>			
Line of Section <u>21</u>	Township <u>23-S</u>	Range <u>37-E</u>	NMPM, <u>Lea</u> County	

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>Shell Pipeline Company</u>	<u>Houston</u>
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>El Paso Natural Gas Company</u>	<u>El Paso</u>
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
	<u>0 21 23-S 37-E</u> <u>No</u>

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 <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Restv.	Diff. Restv.
Date Spudded <u>9-14-67</u>	Date Compl. Ready to Prod. <u>12-22-67</u>	Total Depth <u>6396'</u>	P.B.T.D. <u>6340'</u>					
Elevations (DF, RKB, RT, GR, etc.) <u>3306.5 GR</u>	Name of Producing Formation <u>Tubb-Drinkard</u>	Top Oil/Gas Pay <u>6156'</u>	Tubing Depth <u>5945'</u>					
Perforations			Depth Casing Shoe					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
<u>12 1/2"</u>	<u>9-5/8"</u>	<u>1066'</u>	<u>450</u>					
<u>8-3/4"</u>	<u>7"</u>	<u>6396'</u>	<u>400</u>					
	<u>2-3/8"</u>	<u>5949'</u>						

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)

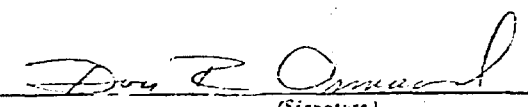
Date First New Oil Run To Tanks <u>10-11-67</u>	Date of Test <u>5-20-68</u>	Producing Method (Flow, pump, gas lift, etc.) <u>Pump</u>	
Length of Test <u>24 hrs</u>	Tubing Pressure	Casing Pressure <u>Below packer</u>	Choke Size
Actual Prod. During Test <u>35</u>	Oil-Bbls. <u>35</u>	Water-Bbls. <u>1</u>	Gas-MCF <u>45.3</u>

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.

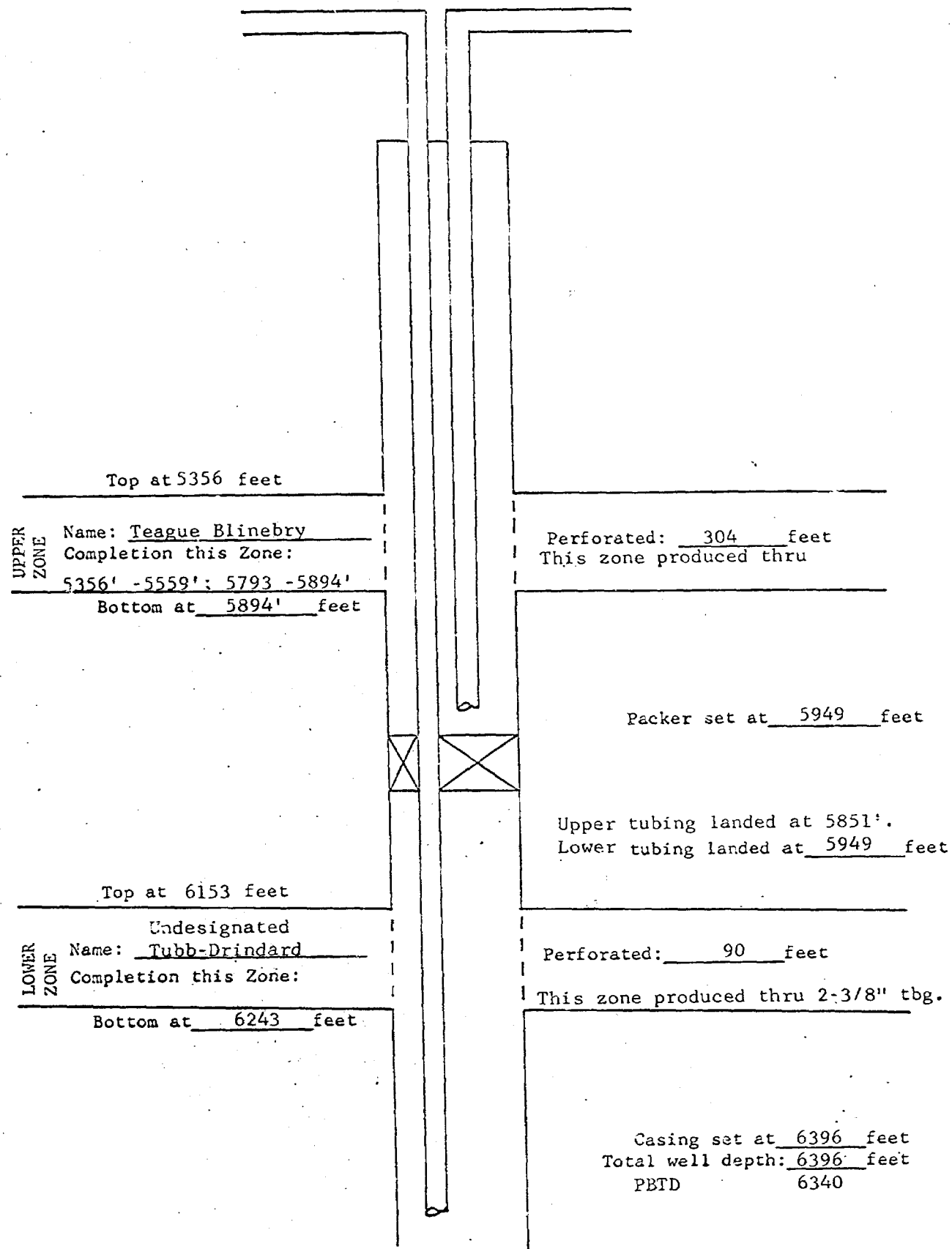

(Signature)
Vice President
(Title)
6-3-68
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____
BY _____
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.

DIAGRAMMATIC SKETCH SHOWING MULTIPLE COMPLETION INSTALLATION



DATE: 6-3-68 OPERATOR: Bronco Oil Corporation LEASE: Saltmount
 POOL: Teague COUNTY: Lea WELL NO.: 2

NEW MEXICO OIL CONSERVATION COMMISSION
SOUTHEAST NEW MEXICO PACKER LEAKAGE TEST

Operator Bronco Oil Corporation			Lease Saltmount		Well No. 2
Location of Well	Unit 0	Sec 21	Twp 23-S	Rge 37-E	County Lea
Name of Reservoir or Pool			Type of Prod (Oil or Gas)	Method of Prod Flow, Art Lift	Prod. Medium (Tbg or Csg)
Upper Compl	Blinebry		Oil	Flow	Tbg
Lower Compl	Tubb-Drinkard		Oil	Pump	Tbg.

FLOW TEST NO. 1

Both zones shut-in at (hour, date): 8:00 AM May 12, 1968

Well opened at (hour, date): 8:00 AM May 15, 1968

	Upper Completion	Lower Completion
Indicate by (X) the zone producing.....		X
Pressure at beginning of test.....	1590	210
Stabilized? (Yes or No).....	Yes	Yes
Maximum pressure during test.....	1600	210
Minimum pressure during test.....	1590	25
Pressure at conclusion of test.....	1600	25
Pressure change during test (Maximum minus Minimum).....	10	185
Was pressure change an increase or a decrease?.....	Increase	Decrease

Well closed at (hour, date): 8:00 AM 5-16-68

Oil Production _____ Gas Production _____

During Test: 46 bbls; Grav. 38.2 ; During Test 55.2 MCF; GOR 1200-1

Remarks _____

FLOW TEST NO. 2

Well opened at (hour, date): 8:00 AM, 5-17-68

	Upper Completion	Lower Completion
Indicate by (X) the zone producing.....	X	
Pressure at beginning of test.....	1615	185
Stabilized? (Yes or No).....	Yes	Yes
Maximum pressure during test.....	1615	185
Minimum pressure during test.....	330	185
Pressure at conclusion of test.....	330	185
Pressure change during test (Maximum minus Minimum).....	1285	None
Was pressure change an increase or a decrease?.....	Decrease	None

Well closed at (hour, date): 8:00 AM 5-18-68

Oil Production _____ Gas Production _____

During Test: 121 bbls; Grav. 37.4 ; During Test 216.8 MCF; GOR 1792-1

Remarks _____

I hereby certify that the information herein contained is true and complete to the best of my knowledge.

Approved _____ 19 _____
New Mexico Oil Conservation Commission

Operator _____ Bronco Oil Corporation
By _____

By _____
Title _____

Title _____ Vice President
Date _____

