STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

OIL CONSERVATION DIVISION

Drawer DD Artesia, NM
DISTRICT OFFICE #2

Jan. thru Apr. 1982
NO. 2134 N

SUPPLEMENT TO THE OIL PRORATION SCHEDULE

DATE March 8, 1982

PURPOSE ALLOWABLE ASSIGNMENT NEW WELL (N/S)

Effective March 1, 1982 an allowable of 10 barrels of oil per day is hereby assigned to Jack Plemons, Friess #5-C-30-17-31 in the Fren Seven Rivers pool.

L - F

MP - P

Mar. Total - 310 bbls.
Apr. Total - 300 bbls.

WAG:mm

Jack Plemons

NMC

P - none

OIL CONSERVATION DIVISION

DISTRICT SUPERVISOR

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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-1
Effective 1-1-65

RECEIVED
MAR - 2 1982
O. C. D.
ARTESIA, OFFICE

Operator
Jack Plemons ✓

Address
Box 385, Artesia, New Mexico 88210

Reason(s) for Filing (Check proper box)
New Well [XX]
Recompletion [ ]
Change in Ownership [ ]
Change in Transporter of: Oil [ ] Dry Gas [ ] Casinghead Gas [ ] Condensate [ ]

Other (Please explain)
CASINGHEAD GAS MUST NOT BE FLARED AFTER 2-1-82 UNLESS AN EXCEPTION TO Rule 306 IS OBTAINED

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

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Friess	5	Fren Seven Rivers	State, Federal or Fee Federal	LC065015

Location
Unit Letter C ; 330' Feet From The North Line and 1411' Feet From The West

Line of Section 30 Township 17S Range 31E , NMPM, Eddy County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil [X] or Condensate [ ]	Address (Give address to which approved copy of this form is to be sent)
Navajo Refining Company – Pipeline Division	Box 159, Artesia, New Mexico 88210
Name of Authorized Transporter of Casinghead Gas [ ] or Dry Gas [ ]	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	Sec.	Twp.	Rge.	Is gas actually connected?	When
	C	30	17	31	No	

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Resv.	Diff. Resv.
	X		X					

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
9-26-81	2-11-82	2570	2209
Elevations (DF, RKB, RT, GR, etc.)	**Name of Producing Formation**	**Top Oil/Gas Pay**	**Tubing Depth**
3520 GR	SR	1965	1965
Perforations 1965-1967, 1969-1976, 1978-1980, 1994-1996, 2007-2009, 2012-2016, 2076-2078, 2085-2087			**Depth Casing Shoe** 2570

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
10"	8 5/8"	437	405
8"	5 1/2"	2209	500
	2 3/8"	1965	

TEST DATA AND REQUEST FOR ALLOWABLE (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)
OIL WELL

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
2-23-82	2-23-82	Pump	
Length of Test	**Tubing Pressure**	**Casing Pressure**	**Choke Size**
12 hrs.	-	-	2"
Actual Prod. During Test	**Oil - Bbls.**	**Water - Bbls.**	**Gas - MCF**
14	10	4	TSTM

Posted ID-2 at Comp. Book NRE 3-12-82

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**

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.

Nancy Long
(Signature)
Agent
(Title)
March 2, 1982
(Date)

OIL CONSERVATION COMMISSION

APPROVED MAR - 8 1982, 19

BY W. A. Gressett

TITLE SUPERVISOR, DISTRICT II

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