

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.

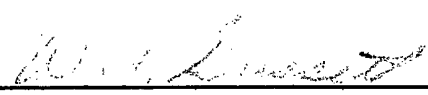
WAG:mm

Jack Plemons

NRC

P - none

OIL CONSERVATION DIVISION


DISTRICT SUPERVISOR

NO. OF COPIES RECEIVED	
DISTRIBUTION	
WARRANT	1
FILE	1
U.S.G.S.	1
LAND OFFICE	1
TRANSPORTER	1
OIL	1
GAS	1
OPERATOR	1
REGISTRATION OFFICE	1

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

Form C-104
Superseding Old C-101 and C-1
Effective 1-1-65
RECEIVED

MAR - 2 1982

O. C. D.
ARTESIA, OFFICE

Jack Plemons
Box 385, Artesia, New Mexico 88210

Reason(s) for filing (Check proper box)		Other (Please explain)	
New Well	☒	Change in Transporter of:	
Recompletion	☐	Oil	☐
Change in Ownership	☐	Casinghead Gas	☐
		Dry Gas	☐
		Condensate	☐

CASINGHEAD GAS MUST NOT BE
FLARED AFTER 2-1-82
UNLESS AN EXCEPTION TO RULE 306
IS OBTAINED

(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, NMFM, Eddy County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ 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	Soc.	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	Surge Res't	Full Res't
	X		X					

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.D.T.D.
9-26-81	2-11-82	2570	2209

Elevations (DF, RKN, RT, CR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
3520 GR	SR	1965	1965

Perforations	Depth Casing Shoe
1965-1967, 1969-1976, 1978-1980, 1994-1996, 2007-2009, 2012-2016, 2076-2078, 2085-2087	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)

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	

Posted ID-2
of Comp. Book
NRC
TSTM
3-12-82

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MCF	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 Commission have been complied with and that the information given here is true and complete to the best of my knowledge and belief.

Nancy King
(Signature)

Agent

(Title)

March 2, 1982

(Date)

OIL CONSERVATION COMMISSION

APPROVED MAR - 8 1982
BY W. A. Gresser
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.