

DISTRICT II  
P.O. Drawer DD, Artesia, NM 88210

**DISTRICT III**  
1000 Rio Brazos Rd., Aztec, NM 87410

**OIL CONSERVATION DIVISION**  
P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

# REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator		K & R Oil & Gas		Well API No.	
Address		2607 Cornell Drive, Roswell, N.M. 88201			
Reason(s) for Filing (Check proper box)					
New Well	<input type="checkbox"/>	Change in Transporter of:		<input type="checkbox"/> Other (Please explain)	
Recompletion	<input type="checkbox"/>	Oil	<input checked="" type="checkbox"/>	Dry Gas	<input type="checkbox"/>
Change in Operator	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>	Condensate	<input type="checkbox"/>
If change of operator give name and address of previous operator					

## II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>Cannon <del>Pool</del></b>	Well No. <b>1</b>	Pool Name, Including Formation <b>Bitter Lakes West SA</b>	Kind of Lease <b>Shot, Bored or Fee</b>	Lease No.
Location <b>Unit Letter <u>P</u> : <u>330</u></b>	Feet From The <b>South</b> Line and <b>330</b>		Feet From The <b>East</b> Line	
Section <b>17</b> Township <b>10S</b>		Range <b>25E</b> , NMJM, <b>Chaves</b> 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)	
Scurlock-Permian Corp										P.O. Box 4648 Houston, Texas 77210	
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)	
Nonr											
If well produces oil or liquids, give location of tanks.		Unit	Sec.	Twp.	Rge.	Is gas actually connected?		When ?			
		I	17	10S	25E	No					
If this production is commingled with that from any other lease or pool, give name of pool and acreage											

#### IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth			
Perforations						Depth Casing Shoe			
TUBING, CASING AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT			

**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.)

(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 Tank	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

## VI. OPERATOR 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.

Signature George W. Rampley  
 Printed Name George W. Rampley Title Partner  
July 23 1992 505 623 3536  
 Date Telephone No.

## OIL CONSERVATION DIVISION

Date Approved AUG 13 1962  
By JOHN J. HEDLEY  
Title CHIEF, CIVIL RIGHTS DIVISION

**INSTRUCTIONS:** This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.