

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

APR 19 1982

O. C. D.

ARTESIA, OFFICE

REQUEST FOR ALLOWABLE  
AND

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	1
FILE	1
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL 1 GAS 1
OPERATOR	1
PRODUCTION OFFICE	

Operator SANDERS PETROLEUM CORPORATION	
Address 11000-D Spain N.E., Albuquerque, N.M. 87111	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
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 Isler Federal	Well No. 1	Pool Name, including Formation <del>Undesignated</del> Abo	Kind of Lease State, Federal or Fee Federal	Lease No. NM17576
Location Unit Letter <u>N</u> : <u>660</u> Feet From The <u>South</u> Line and <u>1980</u> Feet From The <u>West</u> Line of Section <u>6</u> Township <u>7S</u> Range <u>27E</u> , NMPM, Chaves County				

## III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> The Permian Corporation	Address (Give address to which approved copy of this form is to be sent) Box 3119, Midland, TX 79702	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> Transwestern Pipeline Co.	Address (Give address to which approved copy of this form is to be sent) Box 2521, Houston, TX 77001	
If well produces oil or liquids, give location of tanks.	Unit N	Sec. 6
	Twp. 7S	Rge. 27E
	Is gas actually connected? <u>No</u> <u>Yes</u> When <u>Approx. 5-1-82 7-9-82</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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'
		X			X			X
Date Spudded 07-05-81	Date Compl. Ready to Prod. 09-25-81	Total Depth 6557	P.B.T.D. 4977					
Elevations (DF, RKB, RT, GR, etc.) 3913 GL, 3925 KB	Name of Producing Formation Abo Sand	Top Oil/Gas Pay 4811	Tubing Depth 4799					
Perforations 4811 - 4842 w/ one jet shot per foot			Depth Casing Shoe 5023					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
15-1/2	13-3/8	99	NR-circ. to surface					
12-1/4	8-5/8	1772	1660 sx., Circ.					
7-7/8	4-1/2	5023	500 sx.					
--	2-3/8	4799	--					

## 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	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 6506 AOF	Length of Test 4 hours	Bbls. Condensate/MMCF 0	Gravity of Condensate --
Testing Method (pilot, back pr.) 4 pt. back pres.	Tubing Pressure (Shut-in) 1066 psig	Casing Pressure (Shut-in) 1066 psig	Choke Size Various

## VI. 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.

	
President	(Title)
04-16-82	(Date)

## OIL CONSERVATION DIVISION

APPROVED <u>JUL 16 1982</u>	19
BY <u>Mike Walker</u>	
TITLE <u>OIL AND GAS INSPECTOR</u>	

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 multiple completed wells.