

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 8750.

RECEIVED

APR 19 1982

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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DISTRIBUTION	
SANTA FE	/
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LAND OFFICE	/
TRANSPORTER	OIL / GAS /
OPERATOR	/
PRODUCTION OFFICE	/

I.

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 ☒ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Isler Fee	Well No. 2	Pool Name, Including Formation <i>Locos Flare</i> Undesignated Abo	Kind of Lease State, Federal or Fee Fee	Lease No. --
Location Unit Letter <u>B</u> ; <u>660</u> Feet From The <u>North</u> Line and <u>1980</u> Feet From The <u>East</u> Line of Section <u>15</u> Township <u>7S</u> Range <u>26E</u> , NMPM, <u>Chaves</u> 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) P.O. 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) P.O. Box 2521, Houston, TX 77001	
If well produces oil or liquids, give location of tanks.	Unit <u>B</u> Sec. <u>15</u> Twp. <u>7S</u> Rge. <u>26E</u>	Is gas actually connected? <u>No</u> When <u>4-28-82</u> <u>Approx. 4-20-82</u>

If this production is commingled with that from any other lease or pool, give commingling order number: not yet set

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					
Date Spudded 10-31-81	Date Compl. Ready to Prod. 3-8-82	Total Depth 4700	P.B.T.D. 4642					
Elevations (DF, RKB, RT, GR, etc.) 3721 GL, 3733 KB	Name of Producing Formation Abo Sand	Top Oil/Gas Pay 4247	Tubing Depth 4209					
Perforations One Jet Shot at: 4247, 4249, 4251, 4253, 4254, 4393, 4394, 4393, 4394, 4395, 4397, 4399, 4401, 4403, 4405, 4406, 4529, 4530, 4531, 4531		Depth Casing Shoe 4700						
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
12-1/4	8-5/8	845	625 sx., Circ.					
7-7/8	4-1/2	4700	218 sx.					
--	2-3/8	4209	--					

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 oil able 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

Posted ID-3
Added LT-PER
5-7-82

GAS WELL

Actual Prod. Test-MCF/D 1702 AOF	Length of Test 4 hrs.	Bbls. Condensate/MMCF 0	Gravity of Condensate --
Testing Method (pilot, back pr.) 14 pt. back pres.	Tubing Pressure (shut-in) 887 psig	Casing Pressure (shut-in) 887 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.

[Signature]
(Signature)
President
(Title)
4-16-82
(Date)

OIL CONSERVATION DIVISION

APPROVED MAY - 4 1982, 19
BY W. A. Gussert
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 deeper well, this form must be accompanied by a tabulation of the deviate tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for all wells on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of own well name or number, or transporter, or other such change of condition.
Separate Forms C-104 must be filled for each pool in multi-completed wells.