OIL CONSERVATION DIVIS N
P. O. BOX 2088
SANTA FE, NEW MEXICO 875

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O.C.D.
ARTESIA, OFFICE

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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DISTRIBUTION			
SANTA FE		✓	✓
FILE		✓	✓
U.S.G.S.			
LAND OFFICE			
TRANSPORTER OIL		✓	
GAS			
OPERATOR		✓	
PRORATION OFFICE			

I.

Operator

SANDERS PETROLEUM CORPORATION ✓

Address

7801 Academy Blvd. N.E.; Suite 201, Bldg. #2; Albuquerque, N.M.   87109

Reason(s) for filing (Check proper box)

New Well ☐

Recompletion ☐

Change in Ownership ☐

Change in Transporter of:

Oil ☐   Dry Gas ☐

Casinghead Gas ☐   Condensate ☐

Other (Please explain)

Request test allowable of 150 barrels (now T.A.)

San Andres 1665 - 2056

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Isler Federal	#3	S. Haystack San Andres	State, Federal or Fee Federal	17576

Location

Unit Letter __G__ ; __2050__ Feet From The __North__ Line and __1960__ Feet From The __East__

Line of Section __6__ Township __7S__ Range __27E__ , NMPM, __Chaves__ County

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III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil XX or Condensate ☐	Address (Give address to which approved copy of this form is to be sent)
The Permian Corporation	P.O. Box 3119, Midland, TX 79702
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐	Address (Give address to which approved copy of this form is to be sent)

	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
If well produces oil or liquids, give location of tanks.	G	6	7S	27E	No	

If this production is commingled with that from any other lease or pool, give commingling order number: _____

V. COMPLETION DATA

Designate Type of Completion — (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
	X							

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
1-20-82	9-26-84	5005	2187

Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
3885 GL	San Andres	1665	1715

Perforations			Depth Casing Shoe
1665-69, 1672-78, 2044-51, 2054-56 w/ 2 0.38" JSPF, 38 Holes			2226

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/4	8-5/8	1143	500
7-7/8	4-1/2	2226	300
	2-3/8	1715	

V. 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)
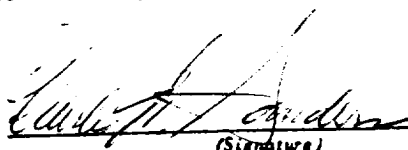
OIL WELL

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
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 (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 'sion have been complied with and that the information given is true and complete to the best of my knowledge and belief.

(Signature)

sident, Sanders Petroleum Corp.
(Title)

31, 1987
(Date)

OIL CONSERVATION DIVISION
AUG 11 1987

APPROVED _____ , 19 ____

BY _____
Original Signed By
Les A. Clements

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.

Separate Forms C-104 must be filed for each pool in multiply pleted wells.