

RECEIVED

JAN 31 1983

O. C. D.
ARTESIA, OFFICE

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

D. BY CARRIER REG. FOR			
DISTRIBUTION			
ANTAF		✓	
FILE		✓	✓
U.S.G.S.			
LAND OFFICE			!
TRANSPORTER	OIL	✓	
	GAS	✓	
OPERATOR		✓	
OPERATION OFFICE			

Operator

Transwestern Gas Supply Company

Address

P. O. Box 2521 Houston, Texas 77252

Reason(s) for filing (Check proper box)

New Well

KX

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

DESCRIPTION OF WELL AND LEASE									
Lease Name Five Mile Tank Federal		Well No. 2-Z	Pool Name, including Formation Wildcat/Abo <i>West Texas Abo Gas</i>		Kind of Lease State, Federal or Fee <i>Federal</i>		Lease No. <i>32323</i>		
Location <i>1880</i>									
Unit Letter <i>J</i>		Feet From The <i>South</i>		Line and <i>1980</i>		Feet From The <i>East</i>			
Line of Section <i>9</i>		Township <i>6S</i>	Range <i>23E</i>		, NMPM,		Chaves		County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS						
Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>				Address (Give address to which approved copy of this form is to be sent)		
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>				Address (Give address to which approved copy of this form is to be sent)		
Transwestern Gas Pipeline Company				P. O. Box 2521 Houston, Texas 77252		
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
					No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>	Not Available <input checked="" type="checkbox"/> 2-9-83

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

IV. COMPLETION DATA

COMPLETION DATA		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res.
Designate Type of Completion - (X)			X	X					
Date Spudded 2/1/82	Date Compl. Ready to Prod. 6/25/82	Total Depth 3751				P.B.T.D. 3711			
Elevations (DF, RKB, RT, GR, etc.) 4198 GR	Name of Producing Formation Abo	Top Oil/Gas Pay 3284				Tubing Depth 3150			
Perforations 3284-3298, 3303-3356						Depth Casing Shoe			

TUBING, CASING, AND CEMENTING RECORD

TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17½	13 3/8	676	650 SX
12¼	8 5/8	1119	350 SX
7 7/8	7	1600	350 SX
6¼	4½	3751	225 SX
	2 3/8	3150	

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

3/8 3150
(Test must be after recovery of total volume of load oil and must be equal to or exceed top available 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

GAS WELL			
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
327	4 hours	0	-
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
Back Pressure	654	654	12/64

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.

J. A. Oeffner

Manager, US Onshore Production

January 26, 1983

OIL CONSERVATION DIVISION

FEB 14 1983

APPROVED

BY _____ Original Signed By _____

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 owner name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multi-completed wells.

RECEIVED

REPORT OF PROOF OF APPARENT DEVIATION

JAN 31 1983

O. C. D.

ARTESIA, OFFICE

OPERATOR Transwestern Gas Supply Company - COUNTY Chaves County, New MexicoFIELD Abo ProspectWELL NAME & NO. Five Mile Tank Federal #2-7 SEC. 9 T 6S R 23E

Degrees Deviation	Deviation Factor	DEGREES DEVIATION	DEPTH FROM SURFACE	LENGTH OF INTERVAL	DEVIATION FACTOR	DEVIATION OF INTERVAL	CUMULATIVE APPARENT DEVIATION	REMARKS
		$\frac{1}{4}$	270	270	.00436	1.1772	1.1772	
$\frac{1}{4}$	.00436							
$\frac{1}{4}$	.00873							
$\frac{1}{4}$	.01309	$\frac{1}{2}$	700	430	.00873	3.7539	4.9311	
1	.01745							
		$\frac{3}{4}$	1040	340	.01309	4.4506	9.3817	
$1\frac{1}{4}$	.02182							
$1\frac{1}{4}$	.02618							
$1\frac{1}{4}$	.03054	$2\frac{1}{2}$	1464	424	.04362	18.4949	27.8766	
2	.03490							
		$1\frac{1}{2}$	1902	438	.02618	11.4668	39.3434	
$2\frac{1}{4}$	.03926							
$2\frac{1}{4}$	.04362	1	2416	514	.01745	8.9693	48.3127	
$2\frac{1}{4}$	.04798							
3	.05234							
		$1\frac{1}{2}$	2880	464	.02618	12.1475	60.4602	
$3\frac{1}{4}$	.05669							
$3\frac{1}{4}$	.06105	1	3355	475	.01745	8.2888	68.7490	
$3\frac{1}{4}$	.06540							
4	.06976	1	3751	396	.01745	6.9102	75.6592	
$4\frac{1}{4}$	.07411							
$4\frac{1}{4}$	.07846							
$4\frac{1}{4}$	.08281							
5	.08716							
$5\frac{1}{4}$	.09150							
$5\frac{1}{4}$	.09585							
$5\frac{1}{4}$	.10019							
6	.10453							
$6\frac{1}{4}$	.10887							
$6\frac{1}{4}$	.11320							
$6\frac{1}{4}$	.11754							
7	.12187							
$7\frac{1}{4}$	.12620							
$7\frac{1}{4}$	.13053							
$7\frac{1}{4}$	.13485							
8	.13917							
$8\frac{1}{4}$	.14349							
$8\frac{1}{4}$	.14781							
$8\frac{1}{4}$	.15212							
9	.15643							
$9\frac{1}{4}$	.16074							
$9\frac{1}{4}$	.16505							
$9\frac{1}{4}$	.16935							
10	.17365							

PAULINE BRYANT
Notary Public in Harris County
for the State of Texas
My Commission Expires March 31, 1984

Certified as Being True & Correct by

Pessie Thewinkel

Title Production Engineer Date 1/25/83
Asst.

NEW MEXICO OIL CONSERVATION DIVISION

P. O. DRAWER "DD"

ARTESIA, NEW MEXICO 88210

RECEIVED

FEB 14 1983

O. C. D.
ARTESIA, OFFICE

NOTICE OF GAS CONNECTION

DATE February 10, 1983

This is to notify the Oil Conservation Division that connection for the
purchase of gas from the Transwestern Gas Supply Co. ✓

Operator

Five Mile Tank - Federal

Lease

Well #2-Z, Unit Letter-unknown

Well Unit

9-6S-23E, Chaves County

S.T.R.

Undesignated (Aho)

Pool

Transwestern
Name of purchaser

was made on February 9, 1983

Transwestern Pipeline Company
Company

H. N. Aicklen

Representative

H. N. Aicklen

Supervisor Gas Purchase Contract Administration
Title

cc: Operator
Oil Conservation Division - Santa Fe