

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NAME OF OPERATOR	
REGISTRATION	
SANTA FE	
FILE	
U.S.S.	
LAND OFFICE	
TRANSPORTER	
OIL	
GAS	
OPERATOR	
PRODUCTION OFFICE	

RECEIVED BY  
NOV 28 1983  
O. C. D.  
ARTESIA, OFFICE

Wallace Oil & Gas, Inc.

Address  
50 Penn Place, Suite 850, Okla. City, OK 73118

Reason(s) for filing (Check proper box)

New Well	<input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

Other (Please explain)

If change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE **R-1185 11/11/85**

Lease Name <b>Britt</b>	Well No. <b>1</b>	Pool Name, including Formation <b>S. PEEDS SLOPE - ABO GAS</b> <b>Wildcat Abo</b>	Kind of Lease State, Federal or Fee	Fee	Lease No.
Location Unit Letter <b>M</b> : <b>660</b> Feet From The <b>South</b> Line and <b>660</b> Feet From The <b>West</b>					
Line of Section <b>3</b> Township <b>11S</b> Range <b>25E</b> NMPM, <b>Chaves</b> County					

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 checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<b>Transwestern Pipeline Co.</b>	<b>P.O. Box 2521, Houston, Texas 77252</b>
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When <b>11/17/83</b>
	<b>Yes</b>

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

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		<b>X</b>	<b>X</b>					
Date Spudded <b>7/26/82</b>	Date Compl. Ready to Prod. <b>9/13/82</b>	Total Depth <b>4563'</b>		P.B.T.D. <b>4014.53'</b>				
Elevations (DF, RAB, RT, GR, etc.) <b>Gr. 3460' ; KB 3471'</b>	Name of Producing Formation <b>Abo</b>	Top Oil/Gas Pay <b>3878'</b>		Tubing Depth <b>3958'</b>				
Perforations <b>3878'-3891'</b>		Depth Casing Shoe						

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<b>17 1/4"</b>	<b>13 3/8"</b>	<b>428'</b>	<b>400 sxs Class C</b>
<b>12 1/4"</b>	<b>8 5/8"</b>	<b>1217'</b>	<b>525 sxs Class C, 2% cc</b>
<b>7 7/8"</b>	<b>4 1/2"</b>	<b>4014.53'</b>	<b>160 sxs 50-50 poz</b>
	<b>2 3/8"</b>	<b>3958'</b>	

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	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
<b>534</b>	<b>4 hrs</b>	<b>-0-</b>	<b>-0-</b>
Testing Method (prior, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
<b>Flowing</b>	<b>426#</b>	<b>521#</b>	<b>3/4"</b>

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.

*Leslie A. Clements*  
(Signature)

Production Sec.

(Title)

Nov. 21, 1983

(Date)

OIL CONSERVATION DIVISION

NOV 29 1984

APPROVED \_\_\_\_\_, 19\_\_\_\_

BY \_\_\_\_\_ Original Signed By

Leslie 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.

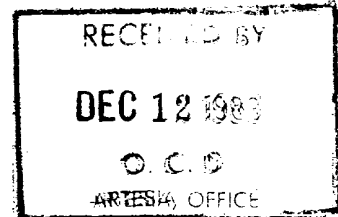
Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiple

NEW MEXICO OIL CONSERVATION DIVISION

P. O. DRAWER "DD"

ARTESIA, NEW MEXICO 88210



NOTICE OF GAS CONNECTION

DATE December 9, 1983

This is to notify the Oil Conservation Division that connection for the  
purchase of gas from the Wallace Oil & Gas ✓  
Operator

Britt

Lease

3-11S-25E

S.T.R.

<sup>M</sup>  
#1 - Unit Letter Unknown  
Well Unit

Wildcat  
Undesignated (Abo)  
Pool

Transwestern  
Name of Purchaser

was made on December 8, 1983

Transwestern Pipeline Company  
Company

Rodney C. Burke Rodney C. Burke  
Representative

Jr. Analyst, Contract Administration  
Title

cc: Operator  
Oil Conservation Division  
P. O. Box 2088  
Santa Fe, New Mexico 87501