

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

AUG 12 1992

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator Rachael Exploration Corp. ✓	Well API No. 30-005-62896
Address 1503 N. Garfield Rd. Traverse City, MI 49684	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> 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 Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of operator give name
and address of previous operator

II. DESCRIPTION OF WELL AND LEASE

Lease Name Rachael "29" Federal	Well No. 1	Pool Name, Including Formation Long Wolf Devonian	Kind of Lease State, Federal or Fee	Lease No. NM 70215
Location Unit Letter <u>F</u> : <u>2310</u> Feet From The <u>FNL</u> Line and <u>1980</u> Feet From The <u>FWL</u> Line Section <u>29</u> Township <u>13</u> Range <u>29</u> , <u>NMPM</u> , <u>Chaves</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> AMOCO Pipeline Inter Corp. Trucking	Address (Give address to which approved copy of this form is to be sent) 502 N. West Ave. Levelland, Texas 79336	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> none	Address (Give address to which approved copy of this form is to be sent)	
If well produces oil or liquids, give location of tanks.	Unit F	Sec. 29
	Twp. 13	Rge. 29
	Is gas actually connected? no gas available	When ? never

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 <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 6/24/92	Date Compl. Ready to Prod. 8/6/92		Total Depth 9574'		P.B.T.D. 9574'			
Elevations (DF, RKB, RT, GR, etc.) 3702.5 RKB	Name of Producing Formation Devonian		Top Oil/Gas Pay 9569'		Tubing Depth 9569'			
Perforations Open hole (9564-9574')			Depth Casing Shoe 9564'					
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17 1/2	13-3/8		302 <i>Port ID-2</i>		315 Circ.			
12 1/4	8-5/8		2109 <i>8-28-92</i>		825 + 200 Circ.			
7-7/8	5 1/2		9564 <i>script BK</i>		520 TOC @ 7690'			

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 Tank 8/5/92	Date of Test 8/6/92	Producing Method (Flow, pump, gas lift, etc.) flow	
Length of Test 24 hours	Tubing Pressure 5	Casing Pressure pkr	Choke Size 1/2
Actual Prod. During Test 205	Oil - Bbls. 205	Water - Bbls. none	Gas - MCF none

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. OPERATOR 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.

William R. Hansen

Signature W.R. Hansen Agent
Printed Name 8/11/92 Title 505-622-4772
Date 8/11/92 Telephone No. 505-622-4772

OIL CONSERVATION DIVISION

Date Approved AUG 12 1992

By ORIGINAL SIGNED BY
MIKE WILLIAMS
Title SUPERVISOR, DISTRICT II

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.