

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

RECEIVED

MAY 10 1982

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

O. C. D.
ARTESIA, OFFICE

DATE OF APPLICANT RECEIVED	
DISTRIBUTION	
APPROVED	
FILE	
U.S.O.	
AND OFFICE	
TRANSPORTER	
OIL	
GAS	
OPERATION	
ADMINISTRATION OFFICE	
OPERATOR	

~~Thomas K. Sawyer~~ BS OIL CO

Address: PO BOX 664 ARTESIA, NEW MEXICO 88210

Reason(s) for filing (Check proper box):
 New Well ☐ Change in Transporter of:
 Recompletion ☐ Oil ☐ Dry Gas ☐
 Change in Ownership ☒ Casinghead Gas ☐ Condensate ☐

Other (Please explain): CHANGE OF OPERATOR

Change of ownership give name and address of previous owner: T.C.M. RESOURCES PO BOX 648 ARTESIA - PREVIOUS OPERATOR

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
NAKPLR LEVERS	4	ARTESIA (G, L, SA)	State, Federal or Fee STATE	B2071

Location: Unit Letter K : 2310 Feet From The WEST Line and 1650 Feet From The SOUTH

Line of Section 34 Township 17S Range 28E NMPM, EDDY County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
NAVAJO REFINING CO PIPELINE DIV	PO BOX 159 ARTESIA NM
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)
PHILLIPS PETROLEUM CO	4101 PENBROCK CRESSA TEX 79761

If well produces oil or liquids, give location of tanks: Unit N Sec. 34 Twp. 17 Rge. 28 Is gas actually connected? YES When 1960

(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'y.	Diff. Res'y.

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.

Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth

Perforations: Depth Casing Shoe

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

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

Testing Method (pilot, 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 Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Thomas K. Sawyer
(Signature)
Owner
(Title)
5-10-82
(Date)

OIL CONSERVATION DIVISION

APPROVED MAY 12 1982

BY W. A. Gussett

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 filled for each pool in multiply completed wells.

Posted ID-3
Change Operator
5-21-82