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**REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS**

**O. C. D.  
ARTESIA, OFFICE**

Operator C. E. LaRue and B. N. Muncy, Jr.

Address P.O. Box 196, Artesia, NM 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):  
**CASINGHEAD GAS MUST NOT BE  
 FLAMED AFTER 7/12/83  
 UNLESS AN EXCEPTION TO Rule 306  
 IS OBTAINED.**

If change of ownership give name and address of previous owner \_\_\_\_\_

DESCRIPTION OF WELL AND LEASE R-7227 3/12/83

Lease Name <u>Joe Federal</u>	Well No. <u>2</u>	Pool Name, Including Formation <u>Bunker Hill Penrose</u>	Kind of Lease State, Federal or Fee <u>Federal</u>	Lease No. <u>NM05186</u>
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Location  
 Unit Letter H-9 : 1980' Feet From The North Line and 1980' Feet From The East  
 Line of Section 23 Township 16S Range 31E , 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"/> <u>Navajo Refining Company</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 175, Artesia, NM 88210</u>
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	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 <u>H</u>	Sec. <u>23</u>	Twp. <u>16S</u>	Range <u>31E</u>	Is gas actually connected? <u>No</u>	When
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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 <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Some Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded <u>April 16, 1983</u>	Date Compl. Ready to Prod. <u>May 2, 1983</u>		Total Depth <u>3685'</u>		P.B.T.D. <u>3685'</u>			
Elevations (DF, RAB, RT, CR, etc.) <u>4394.3 GL</u>	Name of Producing Formation <u>Penrose</u>		Top Oil/Gas Pay <u>3593'</u>		Tubing Depth <u>3590'</u>			
Perforations <u>2 Per Ft. - 3596' - 3616'</u>					Depth Casing Shoe <u>3685'</u>			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<u>12 1/4"</u>	<u>8 5/8" API 24#</u>	<u>1206'</u>	<u>550 Sacks Circulated</u>
<u>7 7/8"</u>	<u>5 1/2" - 15 1/2#</u>	<u>3685'</u>	<u>500 Sacks</u>
	<u>2 3/8"</u>	<u>3590'</u>	

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 oil able for this depth or be for full 24 hours)

Date First New Oil Run To Tanks <u>May 2, 1983</u>	Date of Test <u>May 8, 1983</u>	Producing Method (Flow, pump, gas lift, etc.) <u>Pump</u>	
Length of Test <u>24 hrs</u>	Tubing Pressure <u>-0-</u>	Casing Pressure <u>-0-</u>	Choke Size <u>2"</u>
Actual Prod. During Test	Oil - Bbls. <u>38</u>	Water - Bbls. <u>-0-</u>	Gas - MCF <u>20</u>

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MCF	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.

[Signature]  
Operator (Title)  
May 9, 1983  
(Date)

OIL CONSERVATION DIVISION  
**MAY 13 1983**  
 APPROVED \_\_\_\_\_, 19\_\_\_\_  
 Original Signed by  
 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 deeper well, this form must be accompanied by a tabulation of the deviat tests taken on the well in accordance with RULE 111.  
 All sections of this form must be filled out completely for all able on new and recompleted wells.  
 Fill out only Sections I, II, III, and VI for changes of own well name or number, or transporter, or other such change of condit  
 Separate Forms C-104 must be filed for each pool in multi-completed wells.