

OIL CONSERVATION DIVISION

P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

Operator Bright & Company	
Address 2355 Stemmons Bldg., Dallas, Texas 75207	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	Well was purchased from M&G Oil Company on 12/3/87. Bright & Company recompleted the well to the "Abo".
Recompletion <input checked="" type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	
Change in Transporter of:	
Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>
Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>

If change of ownership give name and address of previous owner M & G Oil Company, Box 766, Tatum, New Mexico 88267

II. DESCRIPTION OF WELL AND LEASE

Lease Name State "K"	Well No. 2	Pool Name, including Formation South Flying "M" Abo	Kind of Lease State, Federal or Fee State	Lease No. V-2469
Location Unit Letter A : 660 Feet From The North Line and 660 Feet From The East Line of Section 2 Township 10 S Range 33 E , NMPM, Lea 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"/> Koch Oil Co.: Division of Koch Industries	Address (Give address to which approved copy of this form is to be sent) P. O.Box 1558, Breckenridge, Texas 76024					
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) ATTN: Mr. Tom Harwell, (915) 684-6618					
If well produces oil or liquids, give location of tanks.	Unit A	Sec. 2	Twp. 10S	Rge. 33E	Is gas actually connected? NO	When

If this production is commingled with that from any other lease or pool, give commingling order number: NO

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input type="checkbox"/>	Workover <input checked="" type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input checked="" type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input checked="" type="checkbox"/>
Date Spudded 12/12/87	Date Compl. Ready to Prod. 12/17/87		Total Depth 9850'		P.B.T.D. 9365'			
Elevations (DF, RKB, RT, GR, etc.) 4274' KB	Name of Producing Formation "Abo"		Top Oil/Gas Pay 8788'		Tubing Depth 8781'			
Perforations 8788 - 8812' w/4 SPF					Depth Casing Shoe 9849'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17 1/2"	13 3/8"		335'		325			
12 1/4"	8 5/8"		3998'		850			
7 7/8"	5 1/2"		9849'		350			

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 Tanks 12/17/87	Date of Test 12/20/87 Re-Test	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 24 Hrs.	Tubing Pressure 105	Casing Pressure 0	Choke Size 16/64"
Actual Prod. During Test	Oil - Bbls. 110	Water - Bbls. 0	Gas - MCF 75 MCFD

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. 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.

G. W. Hunt  
(Signature)  
Division Engineer  
(Title)  
January 4, 1988  
(Date)

OIL CONSERVATION DIVISION  
JAN - 7 1988  
APPROVED  
BY ORIGINAL SIGNED BY JERRY SEXTON  
DISTRICT I SUPERVISOR  
TITLE

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 recompleated 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.