

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

| | |
|------------------------|-----|
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| SANTA FE | |
| FILE | |
| U.S.G.S. | |
| LAND OFFICE | |
| TRANSPORTER | OIL |
| | GAS |
| OPERATOR | |
| PRODUCTION OFFICE | |

| | | |
|---|-------------------------------------|---|
| I. OPERATOR | | CASINGHEAD GAS MUST NOT BE FLARED AFTER 2-17-88 UNLESS AN EXCEPTION TO R-4678 IS OBTAINED. |
| Bright & Company | | |
| Address 2355 Stemmons Bldg. Dallas, Texas 75207 | | |
| Reason(s) for filing (Check proper box) | | |
| New Well | <input type="checkbox"/> | Change in Transporter of: |
| Recompletion | <input checked="" type="checkbox"/> | Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> |
| Change in Ownership | <input type="checkbox"/> | Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> |
| Other (Please explain) Well was purchased from M&G Oil Company on 12/3/87. Bright & Company recompleted the well to the "Abo". | | |

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

THIS WELL HAS BEEN PLACED IN THE POOL
DESIGNATED BELOW IF YOU DO NOT CONCUR

| | | | | | |
|-----------------------------------|-----------|--|---------------------|-----------------------------|-----------|
| II. DESCRIPTION OF WELL AND LEASE | | NOTICE: Well No. 10001 Name, including Formation | | Kind of Lease | Lease No. |
| Lease Name | State "K" | 2 | Wildcat "Abo" | State, Federal or Fee State | V-2469 |
| Location | | | | | |
| Unit Letter | A | 660 | Feet From The North | Line and | 660 |
| | | | | Feet From The | East |
| Line of Section | 2 | Township | 10S | Range | 33E |
| | | | | 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"/> | Address (Give address to which approved copy of this form is to be sent) | | | | | |
| Koch Oil Co; Division of Koch Industries | 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 | Sec. | Twp. | Rge. | Is gas actually connected? | When |
| | A | 2 | 10S | 33E | NO | |

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 | Date Compl. Ready to Prod. | | Total Depth | | P.B.T.D. | | | |
| 12/12/87 | 12/17/87 | | 9850' | | 9365' | | | |
| Elevations (DF, RKB, RT, GR, etc.) | Name of Producing Formation | | Top Oil/Gas Pay | | Tubing Depth | | | |
| 4274 KB | "Abo" | | 8788' | | 8781' | | | |
| Perforations | | | | | Depth Casing Shoe | | | |
| 8788 - 8812' w/ 4 SPF | | | | | 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 | Date of Test | Producing Method (Flow, pump, gas lift, etc.) | |
| 12/17/87 | 12/18/87 | Flow | |
| Length of Test | Tubing Pressure | Casing Pressure | Choke Size |
| 24 Hrs. | 175 | 0 | 12/64" |
| Actual Prod. During Test | Oil - Bbls. | Water - Bbls. | Gas - MCF |
| | 23 | 0 | 16 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 G. W. Hunt
(Signature)
Division Engineer
(Title)
12/18/87
(Date)

OIL CONSERVATION DIVISION

APPROVED 12/18/87, 19
ORIGINAL SIGNED BY JERRY SEAY
BY DISTRICT 1 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 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.

ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED
DATE 02-07-2013 BY 60324 JSP
1560780

SECRET

DECLASSIFIED

DATE 02-07-2013
BY 60324 JSP