

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

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

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

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

I.

| | |
|-----------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|
| Operator GEODYNE OPERATING COMPANY | Well API No. 30 025 22016 |
| Address 320 S BOSTON AVE MEZZ TULSA OK 74103-3708 | |
| Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain) | |
| New Well <input type="checkbox"/> | Change in Transporter of: Oil <input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/> |
| Recompleted <input type="checkbox"/> | Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> |
| Change in Operator <input type="checkbox"/> | EFFECTIVE JANUARY 1, 1993 |
| If change of operator give name and address of previous operator | |

II. DESCRIPTION OF WELL AND LEASE

| | | | | |
|-----------------------------------|----------------------|-------------------------------------------------------------------|----------------------------------------------|----------------------------|
| Lease Name BAGLEY STATE | Well No. 3 | Pool Name, including Formation BAGLEY PERMO PENN, NORTH | Kind of Lease <u>State</u> Federal or Fee | Lease No. K-2604 |
| Location | | | | |
| Unit Letter C | 1980 | Feet From The WEST Line and 660 | Feet From The NORTH Line | |
| Section 16 | Township 11S | 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) |
| AMOCO PIPELINE | 502 NW AVENUE LEVELAND TX 79336 |
| 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) |
| WARREN PETROLEUM COMPANY | P O BOX 1589 TULSA OK 74101 |
| If well produces oil or liquids, give location of tanks. | Unit Sec. Twp. Rge. Is gas actually connected? When? |
| | C 16 11S 33E YES MARCH 8, 1967 |

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 | Gas Well | New Well | Workover | Deepen | Plug Back | Same Res'v | Diff Res'v |
|-------------------------------------|-----------------------------|----------|-----------------|----------|--------|--------------|------------|-------------------|
| | | | | | | | | |
| 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 | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

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 | 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/M/MCF | Gravity of Condensate |
| Testing Method (prior, 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.

Signature Barbara Lee
BARBARA LEE - REGULATORY ANALYST
Printed Name
Date **01/18/93** Telephone No. **(918) 583-5525**

OIL CONSERVATION DIVISION

Date Approved **JAN 26 1993**

By **ORIGINAL SIGNED BY JERRY SEXTON**
DISTRICT I SUPERVISOR

Title _____

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.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.