

OIL CONSERVATION DIVISION

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

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

DISTRICT II
100 Rio Brazos Rd., Artesia, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator Petroleum Production Management, Inc. Well API No. _____

Address Suite 200/Sutton Place Bldg. Wichita, Kansas 67202

Reasons for Filing (Check proper box) ☐ Other (Please explain) _____

New Well ☐ Change in Transporter of: ☐ Dry Gas ☐ Request allowable for recompletion in
Recompletion ☒ Oil ☐ Condensate ☐ new zone.
Change in Operator ☐ Casinghead Gas ☐

If change of operator give name and address of previous operator Cancel vada Penn

II. DESCRIPTION OF WELL AND LEASE

Lease Name State "8" Well No. 1 Pool Name, including formation wildcat Undesignated Abo Kind of Lease State Oil and Gas Lease Lease No. K-3430

Location Unit Letter A : 660 Feet From The North Line and 660 Feet From The East Line
Section 8 Township 10-S Range 34-E NMPM. T1ea County _____

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐ Address (Give address to which approved copy of this form is to be sent)
Amoco Pipeline P.O. Box 591 Tulsa, Oklahoma 74102

Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐ Address (Give address to which approved copy of this form is to be sent)
Warren Petroleum Company P.O. Box 1589 Tulsa, Oklahoma 74100-2039

If well produces oil or natural gas, give location of tanks. ☐ Oil ☐ Gas ☐ Both ☐ None ☐ Other ☐ Yes 5-11-89

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	Diff Res
☒	☒	☐	☐	☐	☐	☐	☐	☐
Date Spudded <u>4-17-89</u>	Date Compl. Ready to Prod. <u>4-28-89</u>	Total Depth <u>9965'</u>	Perforations <u>9332'</u>	Perforations <u>9332'</u>	Perforations <u>9332'</u>	Perforations <u>9332'</u>	Perforations <u>9332'</u>	Perforations <u>9332'</u>
Estimated Total Oil or Gas <u>4243' DF</u>	Name of Producing Formation <u>Abo</u>	For Oil/Gas Pay <u>9000'</u>	For Oil/Gas Pay <u>9000'</u>	For Oil/Gas Pay <u>9000'</u>	For Oil/Gas Pay <u>9000'</u>	For Oil/Gas Pay <u>9000'</u>	For Oil/Gas Pay <u>9000'</u>	For Oil/Gas Pay <u>9000'</u>
Perforations <u>9000'-9025'</u>								

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<u>17 1/2"</u>	<u>13 3/8"</u>	<u>398'</u>	<u>435</u>
<u>11"</u>	<u>8 5/8"</u>	<u>455'</u>	<u>800</u>
<u>7 7/8"</u>	<u>5 1/2"</u>	<u>9965'</u>	<u>1000</u>
	<u>2 3/8" & 2 7/8" @ 9332'</u>		

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 ten 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.)	Choke Size
<u>4-30-89</u>	<u>5-5-89</u>	<u>Pump</u>	<u>2"</u>
Length of Test <u>24</u>	Tubing Pressure <u>25</u>	Casing Pressure <u>25</u>	Gas MCF <u>24</u>
Actual Prod. During Test <u>19</u>	Oil - Bbls <u>19</u>	Water - Bbls <u>2</u>	

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls Condensate NMCF	Gravity of Condensate
	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
Testing Method (puot. back pr.)			

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 W.M. Groesbeck District Engineer
Printed Name W.M. Groesbeck Title
Date 5-22-89 Telephone No. 505/675-2478

OIL CONSERVATION DIVISION

MAY 24 1989

Date Approved _____

By Paul Kautz Geologist

Title _____

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- All sections of this form must be filled out for allowable or new and recompleted wells.
- Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such change.
- Separate Form C-1104 must be filed for each pool in multiply completed wells.