

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

Operator PURVIS OIL CORP.		Well API No. 30-025-23528
Address P. O. Box 11006, Midland, Tx 79702		
Reason(s) for Filing (Check proper box) New Well <input checked="" type="checkbox"/> Re-entry Recompletion <input type="checkbox"/> Change in Operator <input type="checkbox"/>		<input type="checkbox"/> Other (Please explain) CASINGHEAD GAS MUST NOT BE FLARED AFTER <u>12-1-92</u> UNLESS AN EXCEPTION TO R-4070 IS OBTAINED.
If change of operator give name and address of previous operator		

II. DESCRIPTION OF WELL AND LEASE

Lease Name State "15"	Well No. 1	Pool Name, Including Formation Widelat (Abo) <i>Southwest Lane</i>	Kind of Lease <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal or Fee	Lease No. V-2470
Location Unit Letter F : 1980 Feet From The West Line and 1980 Feet From The North Line Section 15 Township 10S Range 34E , NMPM , Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil Amoco Pipeline ICT	<input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) 502 Northwest Ave., Levelland, Tx 79336
Name of Authorized Transporter of Casinghead Gas Being Negotiated	<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 F	Sec. 15
	Twp. 10S	Rge. 34E
	Is gas actually connected? No When ?	

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 <input checked="" type="checkbox"/> X	Gas Well	New Well <input checked="" type="checkbox"/> X	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 8/31/92	Date Compl. Ready to Prod. 9/25/92	Total Depth Orig. 13,100' Re-entry TD 9300'	P.B.T.D. 9138'					
Elevations (DF, RKB, RF, GR, etc.) 4193 GR	Name of Producing Formation Abo	Top Oil/Gas Pay 9014'	Tubing Depth 8828'					
Perforations 9014-9029' W-2SPF (30 total) (3/8")			Depth Casing Shoe 9157'					
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17-1/2"	13-3/8"		375'		375			
11"	8-5/8"		4,095'		350			
7-7/8"	5-1/2"		9,157'		103			

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 9/15/92	Date of Test 9/24/92	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 24 hrs.	Tubing Pressure 220#	Casing Pressure Pkr	Choke Size 16/64"
Actual Prod. During Test	Oil - Bbls. 201	Water - Bbls. 0	Gas - MCF 135

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. 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.

Carter D. Copeland

Signature
Carter D. Copeland Consulting Engineer

Printed Name
9/30/92 **915/682-7346** Title

Date
9/30/92 Telephone No.

OIL CONSERVATION DIVISION

OCT 08 1992

Date Approved

By

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.