

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 <b>CARR WELL SERVICE, INC.</b>	Well API No. <b>30-025-24492</b>
Address <b>P.O. BOX 69090 ODESSA, TEXAS 79769-9090</b>	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Operator <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
If change of operator give name and address of previous operator <b>Darnan Oil Corp. 6100 WILSHIRE BLVD. 14TH FLOOR, LOS ANGELES, CA</b>	

II. DESCRIPTION OF WELL AND LEASE

90048

Lease Name <b>EXCHANGE OIL &amp; GAS</b>	Well No. <b>1</b>	Pool Name, Including Formation <b>VADA (PENN)</b>	Kind of Lease <input checked="" type="radio"/> State <input checked="" type="radio"/> Federal <input type="radio"/> Fee	Lease No. <b>30-025-24492</b>
Location Unit Letter <b>P</b> : <b>660</b> Feet From The <b>FSL</b> Line and <b>660</b> Feet From The <b>FEL</b> Line Section <b>13</b> Township <b>T-9-S</b> Range <b>R-33-E</b> , <b>NMPM</b> , <b>LEA</b> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
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)	
If well produces oil or liquids, give location of tanks.	Unit	Sec.
	Twp.	Rge.
Is gas actually connected?	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"/>	Gas Well <input type="checkbox"/>	New Well <input type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v <input type="checkbox"/>	Diff Res'v <input type="checkbox"/>
Date Spudded <b>8-18-73</b>	Date Compl. Ready to Prod. <b>11-20-73</b>		Total Depth <b>9695</b>		P.B.T.D. <b>9678</b>			
Elevations (DF, RKB, RT, GR, etc.) <b>4310</b>	Name of Producing Formation <b>PENN</b>		Top Oil/Gas Pay <b>9636</b>		Tubing Depth <b>9636</b>			
Perforations					Depth Casing Shoe			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
	<b>12 3/4</b>		<b>422</b>		<b>450</b>			
	<b>8 5/8</b>		<b>3943</b>		<b>450</b>			
	<b>5 1/2</b>		<b>9695</b>		<b>350</b>			

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/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.

Signature **Ben Montgomery**  
Printed Name **BEN MONTGOMERY** Title **PRESIDENT**  
Date **2/6/90** Telephone No. **(915) 362-4324**

OIL CONSERVATION DIVISION

FEB 07 1990

Date Approved

By

Orig. Signed by  
**Paul Kautz**  
Geologist

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.

RECEIVED

FEB 7 1990

CCO  
HOBBS OFFICE