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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator
Spence Energy Company
Address
381 Two Energy Square, 4849 Greenville Avenue, Dallas, Texas 75206
Reason(s) for filing (Check proper box)
New Well ☐ Change in Transporter of:
Recompletion ☐ Oil ☒ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐
Other (Please explain)

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Kellahin 14 State	Well No. 1	Pool Name, Including Formation S. Flying M. (Bough)	Kind of Lease State, Federal or Fee State	Lease No. LG-1041
Location Unit Letter I : 810 Feet From The East Line and 1980 Feet From The South Line of Section 14 Township 9S Range 32E, NMPM, Lea Count				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Navajo Refining Company	Address (Give address to which approved copy of this form is to be sent) P. O. Drawer 159, Artesia, New Mexico 88210					
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 I	Sec. 14	Twp. 9S	Rge. 32E	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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res.
Date Spudded 4/7/74	Date Compl. Ready to Prod. 7/26/74	Total Depth 10,695		P.B.T.D. 9,006					
Elevations (DF, RKB, RT, GR, etc.) 4328 GL	Name of Producing Formation Bough C	Top Oil/Gas Pay 8866		Tubing Depth 8815					
Perforations 8866-8880		Depth Casing Shoe 9,073							
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
17-1/2"	13-3/8"		396'		400				
11"	8-5/8"		3,760'		400				
7-7/8"	5-1/2"		9,009'		400				

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 all
able 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.)	
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/MCF	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.

Rita Colaiezzi
Rita Colaiezzi (Signature)
Production Analyst

12/13/85

(Title)

(Date)

OIL CONSERVATION DIVISION
JAN 21 1986

APPROVED _____, 19 _____

BY _____ ORIGINAL SIGNED BY JERRY SEXTON

TITLE _____ DISTRICT I SUPERVISOR

This form is to be filed in compliance with RULE 1104.
If this is a request for allowable for a newly drilled or deepen
well, this form must be accompanied by a tabulation of the deviat
tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for allo
able on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of own
well name or number, or transporter, or other such change of conditio

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