

REQUEST FOR ALLOWABLE  
AND

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator Wagner and Brown	
Address P. O. Box 1714, Midland, Texas 79702	
Reason(s) for filing (Check proper box)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Recompletion <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	

Other (Please explain) GAS MUST NOT BE  
RECEIVED 10/18/85  
UNLESS AN EXCEPTION TO R-4070  
IS OBTAINED.

If change of ownership give name  
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Cleveland	Well No. 2	Pool Name, including Formation East Caprock Penn	Kind of Lease State, Federal or Fee State	Lease No. K-3920
Location Unit Letter <u>AC</u> : <u>660</u> Feet From The <u>North</u> Line and <u>2180</u> Feet From The <u>West</u>				
Line of Section <u>23</u> Township <u>12S</u> Range <u>32E</u> , NMPM, <u>Lea</u> 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"/> Lantern Petroleum Corporation	Address (Give address to which approved copy of this form is to be sent) P. O. Box 2281, Midland, Texas 79702			
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Warren Petroleum Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1589, Tulsa, Oklahoma 74102			
If well produces oil or liquids, give location of tanks.	Unit G	Sec. 23	Twp. 12S	Rge. 32E
	Is gas actually connected?		When	
	No		approximately 10-1-85	

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 checked="" 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 5-29-85	Date Compl. Ready to Prod. 8-18-85		Total Depth 10,500		P.B.T.D. 10,425			
Elevations (DF, RAB, RT, GR, etc.) 4333' GR	Name of Producing Formation Penn		Top Oil/Gas Pay 10,346		Tubing Depth 10,222			
Perforations 10,346 - 10,368; 12 holes (1 shot/2ft.)					Depth Casing Shoe 10,503			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17-1/2	13-3/8	399	400sx
11	8-5/8	3709	1215sx
7-7/8	5-1/2	10503	2200sx
	2-3/8	10222	

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 Tanks 8-18-85	Date of Test 8-24-85	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 hours	Tubing Pressure 250	Casing Pressure 0	Choke Size 16/64"
Actual Prod. During Test 17	Oil-Bbls. 17	Water-Bbls. 11	Gas-MCF 303

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. 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.

Durlene Gunter  
(Signature)  
Durlene Gunter - Production Clerk  
(Title)  
8-26-85  
(Date)

OIL CONSERVATION DIVISION

APPROVED Aug 29 1985, 19  
BY ORIGINAL SIGNED BY EDDIE SEAY  
OIL & GAS INSPECTOR  
TITLE

This form is to be filed in compliance with RULE 1104.  
If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.  
All sections of this form must be filled out completely for allowable on new and recompleted wells.  
Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.  
Separate Forms C-104 must be filed for each pool in multiply completed wells.

RECEIVED

AUG 28 1985

OFFICE  
HOBBS COUNTY