

NO. OF COPIES RECEIVED		
DISTRIBUTION		
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRODUCTION OFFICE		

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

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)		Other (Please explain)
New Well <input checked="" type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input checked="" type="checkbox"/> Condensate <input type="checkbox"/>	
Recompletion <input type="checkbox"/>		
Change in Ownership <input type="checkbox"/>		
If change of ownership give name and address of previous owner NA		

II. DESCRIPTION OF WELL AND LEASE

Lease Name Cooper	Well No. 1	Pool Name, including Formation <i>S. Flying M. and Abo</i> 8-8149 Undesignated - Abo 3-186 -	Kind of Lease State, Federal or Fee Fee	Lease NA
Location Unit Letter <u>A</u> ; <u>330</u> Feet From The <u>North</u> Line and <u>330</u> Feet From The <u>East</u> Line of Section <u>23</u> Township <u>9 South</u> Range <u>32 East</u> , NMPM, Lea Cour				

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 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, OK 74102					
If well produces oil or liquids, give location of tanks.	Unit A	Sec. 23	Twp. 9S	Rge. 32E	Is gas actually connected? Yes	When 12/24/85

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 Resv. <input type="checkbox"/>	Diff. R. <input type="checkbox"/>
Date Spudded November 2, 1985	Date Compl. Ready to Prod. December 5, 1985	Total Depth 8366'		P.B.T.D. 8356'					
Elevations (DF, RKB, RT, GR, etc.) 4337 GR	Name of Producing Formation Abo	Top Oil/Gas Pay 8253'		Tubing Depth 8206.40'					
Perforations 8253-8294'				Depth Casing Shoe 8366'					

TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
11"	8-5/8"	1678	600 Lite + 200 Class C
7-7/8"	5-1/2"	8366.75	110 Class C
	2-7/8"	8206.40	

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 of hole for this depth or be for full 24 hours)

Date First New Oil Run To Tanks December 4, 1985	Date of Test December 24, 1985	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 24 hrs.	Tubing Pressure 190#	Casing Pressure Packer	Choke Size 20/64"
Actual Prod. During Test 251 BBL	Oil - Bbls. 251 BBL	Water - Bbls. None	Gas - MCF 156 MCFPD

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (puot, 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.

Robert C. Spence
Robert C. Spence
Production Analyst
January 14, 1985

OIL CONSERVATION DIVISION
JAN 20 1986
APPROVED _____, 19____
BY _____ ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR
TITLE _____

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

RECEIVED
JAN 16 1995
O.C.D.
HOBBS OFFICE