

## OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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

I.

Operator <b>SPENCE ENERGY COMPANY</b>	
Address <b>381 Two Energy Square 4849 Greenville Ave., Dallas, Texas 75206</b>	
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"/>	

**CASINGHEAD GAS MUST NOT BE  
FLARED AFTER 2/4/86  
UNLESS AN EXCEPTION TO R-4070  
IS OBTAINED.**If change of ownership give name  
and address of previous owner

NA

## II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>Cooper</b>	Well No. <b>1</b>	Pool Name, Including Formation <b>Undesignated - Abo</b>	Kind of Lease State, Federal or Fee <b>Fee</b>	Lease <b>NA</b>
Location Unit Letter <b>A</b> : <b>330'</b> Feet From The <b>North</b> Line and <b>330'</b> Feet From The <b>East</b> Line of Section <b>23</b> Township <b>9S</b> Range <b>32E</b> , NMPM, <b>Lea</b> 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"/> <b>Navajo Refining Company</b>	Address (Give address to which approved copy of this form is to be sent) <b>P.O. Drawer 159, Artesia, N.M. 88210</b>	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> <b>None</b>	Address (Give address to which approved copy of this form is to be sent) <b>NA</b>	
If well produces oil or liquids, give location of tanks.	Unit <b>A</b>	Sec. <b>23</b>
	Twp. <b>9S</b>	Rge. <b>32E</b>
	Is gas actually connected? <b>No</b> When	

If this production is commingled with that from any other lease or pool, give commingling order number:

None

## 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. R <input type="checkbox"/>
Date Spudded <b>November 2, 1985</b>	Date Compl. Ready to Prod. <b>December 5, 1985</b>		Total Depth <b>8366'</b>		P.B.T.D. <b>8356</b>			
Elevations (DF, RKB, RT, GR, etc.) <b>4337 GR</b>	Name of Producing Formation <b>Abo</b>		Top Oil/Gas Pay <b>8253'</b>		Tubing Depth <b>8206.40'</b>			
Perforations <b>8253' - 8294'</b>					Depth Casing Shoe <b>8366</b>			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
<b>11"</b>	<b>8-5/8"</b>		<b>1678</b>		<b>600 Lite + 200 Class C</b>			
<b>7-7/8"</b>	<b>5-1/2"</b>		<b>8366.75</b>		<b>110 Class C</b>			
	<b>2-7/8"</b>		<b>8206.40</b>					

V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top  
OIL WELL able for this depth or be for full 24 hours)

Date First New Oil Run To Tanks <b>December 4, 1985</b>	Date of Test <b>December 12, 1985</b>	Producing Method (Flow, pump, gas lift, etc.) <b>Flow</b>	
Length of Test <b>24 HR.</b>	Tubing Pressure <b>240#</b>	Casing Pressure <b>Packer</b>	Choke Size <b>16/64"</b>
Actual Prod. During Test <b>199 BBL</b>	Oil-Bbls. <b>199 BBL</b>	Water-Bbls. <b>None</b>	Gas-MCF <b>200 MCFPD</b>

## 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.

*Jerry W. Long*  
**JERRY W. LONG** (Signature)  
Agent for: **SPENCE ENERGY COMPANY**  
(Title)  
**December 17, 1985**  
(Date)

## OIL CONSERVATION DIVISION

APPROVED **DEC 19 1985**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 deepened  
well, this form must be accompanied by a tabulation of the device  
tests taken on the well in accordance with RULE 111.  
All sections of this form must be filled out completely for all  
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 condi-  
Separate Form C-104 must be filed for each pool in multi-  
completed wells.

RECEIVED  
DEC 18 1985  
C. C. D.  
MOLES OFFICE