

OIL CONSERVATION DIVISION

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

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

Operator PURVIS OIL CORP		Well API No. <u>30-025-30978</u> FEDERAL 3-C #2
Address P. O. BOX 11006, MIDLAND, TEXAS 79702		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
New Well <input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	Approved to flow casinghead gas from this well must be obtained from the BUREAU OF LAND MANAGEMENT (BLM)
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
If change of operator give name and address of previous operator		

II. DESCRIPTION OF WELL AND LEASE

Lease Name FEDERAL 3-C FE	Well No. #2	Pool Name, Including Formation Milnesand Abo	Kind of Lease <u>Fed</u> State, Federal or Fed	Lease No. USA NM-68823
Location Unit Letter <u>C</u> : <u>1880'</u> Feet From The <u>West</u> Line and <u>660'</u> Feet From The <u>North</u> Line Section <u>3</u> Township <u>9 South</u> Range <u>35 East</u> , NMPM, Lea County, New Mexico 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"/> Sun Refining and Marketing Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 2039, Tulsa, Oklahoma 74102-2039					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Warren Petroleum Company (Chevron)	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1150, Midland, TX 79702					
If well produces oil or liquids, give location of tanks.	Unit C	Sec. 3	Twp. 9 S	Rge. 35 E	Is gas actually connected? No	When ? 10-20-90

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 9-4-90	Date Compl. Ready to Prod. 10/08/90		Total Depth 9740'		P.B.T.D. 9679'			
Elevations (DF, RKB, RT, GR, etc.) 4173' GR	Name of Producing Formation Abo		Top Oil/Gas Pay 8920'		Tubing Depth 8872'			
Perforations 8920' to 8950'					Depth Casing Shoe 9740'			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17 1/2	13-3/8"		385		420 sx cmt circ.			
11	8-5/8"		4050'		1240 sx cmt circ.			
7-7/8"	5-1/2"		9740'		360 sx			

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 10/8/90	Date of Test 10/9/90	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 hrs	Tubing Pressure 100	Casing Pressure 0	Choke Size 28/64
Actual Prod. During Test 135	Oil - Bbls. 135	Water - Bbls. 6	Gas - MCF 138

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.

J.H. Purvis
Signature
J.H. PURVIS PRESIDENT
Printed Name
10-9-90 915-682-7346
Date Telephone No.

OIL CONSERVATION DIVISION
SEP 16 1990

Date Approved

By

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.