

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator	Stringer Oil & Gas		
Address	8700 Crownhill Blvd., Suite #403, San Antonio, Texas 78209		
Reason(s) for filing (Check proper box)	Other (Please explain)		
New Well ☐	Change in Transporter of:		
Recompletion ☐	Oil ☐	Dry Gas ☐	
Change in Ownership ☒	Casinghead Gas ☐	Condensate ☐	

If change of ownership give name and address of previous owner: Tenneco Oil Company, 7990 IH-10 West, San Antonio, Texas 78230

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Federal 27	2	Chaveroo (San Andres)	State, Federal or Fee Federal	NM0127782
Location				
Unit Letter	G	1980 Feet From The	North Line and	1980 Feet From The
Line of Section	27	Township	7S	Range
			33E	NMPM, Roosevelt
				County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐	Address (Give address to which approved copy of this form is to be sent)	
Mobil Pipe Line Company	P. O. Box 900, Dallas, Texas 75221	
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐	Address (Give address to which approved copy of this form is to be sent)	
Cities Service Company	P. O. Box 1919, Midland, Texas 79702	
If well produces oil or liquids, give location of tanks.	Unit	Sec.
	J	26
		7S
		33E
Is gas actually connected?	When	
yes		

If this production is commingled with that from any other lease or pool, give commingling order number: CTB-161

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Restv.	Diff. Restv.
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Perforations					Depth Casing Shoe			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

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)

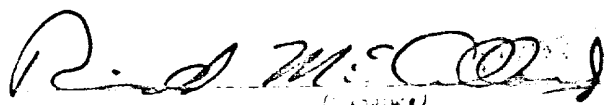
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Field Test-MCF/D	Length of Test	Bbls. Condensate/GMCF	Gravity of Condensate
Testing Method (shot, back pr.)	Tubing Pressure (shot-in)	Casing Pressure (shot-in)	Choke Size

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.


(Signature)

OIL CONSERVATION DIVISION

NOV 18 1983

APPROVED _____, 19

BY _____

TITLE _____

ORIGINAL SIGNED BY JERRY SEXTON
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 deepened well, the form must be accompanied by a calculation of the deviation from the well in accordance with RULE 111.

This form is to be filed in compliance with RULE 1104.

RECEIVED

AUG 31 1983

HOESL OFFICE