| | | |
|---|---|---|
| SANTA FE | | |
| FILE | | |
| U.S.G.S. | | |
| LAND OFFICE | | |
| TRANSPORTER | OIL | |
| | GAS | |
| OPERATOR | | |
| PRORATION OFFICE | | |

NEW MEXICO

# REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator

Stringer Oil & Gas

Address

8700 Crownhill Blvd., Suite #403, San Antonio, Texas 78209

Reason(s) for filing (Check proper box)

New Well [ ]
Recompletion [ ]
Change in Ownership [X]

Change in Transporter of:
Oil [ ] Dry Gas [ ]
Casinghead Gas [ ] Condensate [ ]

Other (Please explain)

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

II. DESCRIPTION OF WELL AND LEASE

| Lease Name | Well No. | Pool Name, Including Formation | Kind of Lease | Lease No. |
|---|---|---|---|---|
| Federal 23 | 10 | Chaveroo (San Andres) | State, Federal or Fee Federal | NM108997 |

Location

Unit Letter G : 1980 Feet From The North Line and 1980 Feet From The East

Line of Section 23 Township 7S Range 33E , NMPM, Roosevelt County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

| Name of Authorized Transporter of Oil [X] 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 [X] 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. | Twp. | Rge. | Is gas actually connected? | When |
|---|---|---|---|---|---|---|
| | J | 23 | 7S | 33E | yes | |

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 | Gas Well | New Well | Workover | Deepen | Plug Back | Same Res'v. | Diff. Res'v. |
|---|---|---|---|---|---|---|---|---|
| | | | | | | | | |

| 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 |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |

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 allowable for this depth or be for full 24 hours)

OIL WELL

| 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 Prod. Test-MCF/D | Length of Test | Bbls. Condensate/MMCF | Gravity of Condensate |
|---|---|---|---|
| | | | |
| Testing Method (pitot, 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.

(Signature)

OIL CONSERVATION DIVISION

APPROVED NOV 18 1983, 19

BY ORIGINAL SIGNED BY JERRY SEXTON

TITLE 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, 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.