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Aeronautics District Office  
DISTRICT I  
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico  
Energy, Minerals and Natural Resources Department

Form C-114  
Revised 1-1-89  
See Instructions  
at Bottom of Page

## OIL CONSERVATION DIVISION

P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

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

DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87410

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

Operator <b>Petroleum Production Management, Inc.</b>		Well API No. <b>30-041-20257</b>
Address <b>Suite 200/Sutton Place Bldg. Wichita, Kansas 67202</b>		
Reason(s) for Filing (Check proper box) New Well <input checked="" type="checkbox"/> Recompletion <input checked="" type="checkbox"/> Change in Operator <input type="checkbox"/>		<input checked="" type="checkbox"/> Other (Please explain) <b>Plugged back to 4175' and side tracked old well bore to 9815' depth.</b>
Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>		Approval to flare casinghead gas from this well must be obtained from the BUREAU OF LAND MANAGEMENT (BLM)
If change of operator give name and address of previous operator <b>THIS WELL HAS BEEN PLACED IN THE POOL DESIGNATED BELOW. IF YOU DO NOT CONCUR</b>		

### II. DESCRIPTION OF WELL AND LEASES

Lease Name <b>Will 693 Ltd.</b>	Well No. <b>3</b>	Pool Name, including Formation <b>Undesignated Abo</b>	Kind of Lease <b>State, Federal, or other</b>	Lease No. <b>NM 4039-B</b>
Location Unit Letter <b>N</b> : <b>510</b> Feet From The <b>South</b> Line and <b>1980</b> Feet From The <b>West</b> Line Section <b>34</b> Township <b>8-S</b> Range <b>35-E</b> , NMPM, <b>Roosevelt</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>Mobil Pipeline Company</b>	Address (Give address to which approved copy of this form is to be sent) <b>P.O. Box 900, Dallas, Texas 75221</b>					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> <b>Warren Petroleum Corporation</b>	Address (Give address to which approved copy of this form is to be sent) <b>P.O. Box 1589, Tulsa, Oklahoma 74100</b>					
If well produces oil or liquids, give location of tanks.	Unit <b>P</b>	Sec. <b>34</b>	Twp. <b>8-S</b>	Rge. <b>35-E</b>	Is gas actually connected? <b>Yes</b>	When? <b>Approx. June, 1970</b>
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 checked="" type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v <input type="checkbox"/>	Diff Res'v <input checked="" type="checkbox"/>
Date Spudded <b>7-5-90</b>	Date Compl. Ready to Prod. <b>8-10-90</b>		Total Depth <b>9815'</b>		P.B.T.D. <b>9810'</b>			
Elevations (DF, RKB, RT, GR, etc.) <b>4194' RKB 4182' GR</b>	Name of Producing Formation <b>Abo</b>		Top Oil/Gas Pay <b>8924'</b>		Tubing Depth <b>8980'</b>			
Perforations <b>8924'-8934' &amp; 8938'-8948'</b>					Depth Casing Shoe <b>9814'</b>			

### TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<b>17 1/2"</b>	<b>12 3/4"</b>	<b>390'</b>	<b>375 circulated</b>
<b>11"</b>	<b>8 5/8"</b>	<b>4031'</b>	<b>400</b>
<b>7 7/8"</b>	<b>5 1/2"</b>	<b>9814'</b>	<b>425</b>

### 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 <b>8-11-90</b>	Date of Test <b>8-12-90</b>	Producing Method (Flow, pump, gas lift, etc.) <b>Flow</b>	
Length of Test <b>24 hours</b>	Tubing Pressure <b>100</b>	Casing Pressure <b>0</b>	Choke Size <b>24/64</b>
Actual Prod. During Test	Oil - Bbls. <b>32</b>	Water - Bbls. <b>0</b>	Gas - MCF <b>24</b>

### GAS WELL

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

Signature  
**W.M. Groesbeck**  
Printed Name  
**W.M. Groesbeck**  
Date  
**8-14-90**  
Title  
**District Engineer**  
Telephone No.  
**675-2478**

### OIL CONSERVATION DIVISION

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 sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.