

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

Operator McDONNOLD OPERATING, INC.		Well API No. 30-041-20467
Address 505 N. Big Spring, Suite 204, Midland, TX 79701		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
New Well <input type="checkbox"/>	Change in Transporter of:	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	
Change in Operator <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
If change of operator give name and address of previous operator Kerr-McGee Corp., One Marienfeld Place, Suite 200, Midland, TX 79701		

II. DESCRIPTION OF WELL AND LEASE

Lease Name Citgo State	Well No. 2	Pool Name, Including Formation Bluitt (San Andres) Assoc.	Kind of Lease State, <del>Federal</del> <input checked="" type="checkbox"/> <del>Leasehold</del>	Lease No. K-4128
Location Unit Letter <u>J</u> : <u>467</u> Feet From The <u>East</u> Line and <u>2130</u> Feet From The <u>South</u> Line Section <u>16</u> Township <u>8-S</u> Range <u>38-E</u> , NMPM, <u>Roosevelt</u> 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"/> Mobil Pipeline Company		Address (Give address to which approved copy of this form is to be sent) P. O. Box 1073, Midland, TX 79702				
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>		Address (Give address to which approved copy of this form is to be sent)				
If well produces oil or liquids, give location of tanks.	Unit I	Sec. 16	Twsp. 8-S	Rge. 38-E	Is gas actually connected? No	When ?
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

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	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 (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.

McDONNOLD OPERATING, INC.

By: Craig M. McDonnold

Signature Craig M. McDonnold President

Printed Name Craig M. McDonnold Title President

As of August 1, 1990 915/682-6396

Date                      Telephone No.                     

OIL CONSERVATION DIVISION

Date Approved                     

By                      Orig. Signed by Paul Kautz  
Geologist

Title