

## OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-104  
Revised 10-1-78

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

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator  
Jackson Exploration, Inc.

Address  
8235 Douglas, Suite 1300 LB 84, Dallas, Texas 75225

Reason(s) for filing (Check proper box)

New Well	<input checked="" type="checkbox"/>	Change in Transporter of:		Other (Please explain)
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>	Approval to flare casinghead gas from this well must be obtained from the Minerals Management Service.
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>	
		Dry Gas	<input type="checkbox"/>	
		Condensate	<input type="checkbox"/>	

If change of ownership give name and address of previous owner \_\_\_\_\_

## II. DESCRIPTION OF WELL AND LEASE

Lease Name Allison Federal	Well No. 1	Pool Name, Including Formation Allison Penn (Bough "C"	Kind of Lease State, Federal or Fee Federal	Lease No. NM-57721
Location Unit Letter <u>A</u> ; <u>660</u> Feet From The <u>north</u> Line and <u>660</u> Feet From The <u>east</u>				
Line of Section <u>31</u> Township <u>8S</u> Range <u>37E</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"/> The Permian Corporation Permian (Eff. 9 / 1 / 87)	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1183, Houston, TX 77001
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Warren Petroleum Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1150, Midland, TX 79700
If well produces oil or liquids, give location of tanks. Unit <u>A</u> Sec. <u>31</u> Twp. <u>8S</u> Rge. <u>37E</u>	Is gas actually connected? <u>no</u> When <u>early June, 1984</u>

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 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 2/24/84	Date Compl. Ready to Prod. 6/2/84	Total Depth 9626'		P.B.T.D. ---				
Elevations (DF, RKB, RT, GR, etc.) 4042.7' GR.	Name of Producing Formation Bough "C" (Pennsylvania)		Top Oil/Gas Pay 9601'		Tubing Depth 9598'			
Perforations none					Depth Casing Shoe 9583'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17 1/2"	13-3/8" 48#		372'		370 SXS.			
11"	8-5/8" 32#		4197'		1400 SXS.			
7-7/8"	5 1/2" 17#		9583'		1150 SXS.			

## 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 Tanks 6/2/84	Date of Test 6/3/84	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hrs.	Tubing Pressure ---	Casing Pressure ---	Choke Size ---
Actual Prod. During Test 55 B.	Oil - Bbls. 55 B.	Water - Bbls. "0" B.	Gas - MCF 37 MCF

## GAS WELL

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

Spence Shettle Spence Shettle  
(Signature)

Operations Manager  
(Title)

6/5/84  
(Date)

## OIL CONSERVATION DIVISION

APPROVED JUN 11 1984, 19

BY Eddie W. Seay

TITLE Oil & Gas Inspector

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.

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells.

RECEIVED

JUN 8 1984

O.C.D.  
HOEBS OFFICE