

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.U.B.	
LAND OFFICE	
TRANSPORTER	OIL
	NAT
OPERATOR	
PRODUCTION OFFICE	

Operator
WALLACE OIL & GAS, INC.Address
50 Penn Place, Suite 850, Oklahoma City, OK 73118

Reason(s) for filing (Check proper box)

New Well ☒
Recompletion ☐
Change in Ownership ☐Change in Transporter of:
Oil ☐
Casinghead Gas ☐Dry Gas ☐
Condensate ☐

Other (Please explain)

CASINGHEAD GAS MUST NOT BE
FLARED 12/1/84
UNLESS EXCEPTION TO R-4070
IS OBTAINED.If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

UNDESIGNATED

Lease Name Tucker	Well No. 2	Pool Name, including Formation Cheyenne North Canyon	Kind of Lease State, Federal or Fee	Fee	Lease No.
Location Unit Letter P : 660 Feet From The south Line and 660 Feet From The east Line of Section 5 Township 7S Range 33E, NMPM, Roosevelt 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"/> Phillips Petroleum Co., Trucks	Address (Give address to which approved copy of this form is to be sent) 4001 Penbrook, Odessa, TX 79762					
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 P	Sec. 5	Twp. 7S	Rge. 33E	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 <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 5/29/84	Date Compl. Ready to Prod. 9/18/84		Total Depth 9405'		P.B.T.D. 9207.5			
Elevations (DF, RKB, RT, GR, etc.) Gr 4402, KB4414.5	Name of Producing Formation Canyon Sand		Top Oil/Gas Pay 8960'		Tubing Depth 8894'			
Perforations 8961' - 8969'					Depth Casing Shoe 9403'			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17 1/2"	13 3/8"	354'	375
12 1/4"	8 5/8"	3400'	1515
7 7/8"	5 1/2"	9403'	400

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)

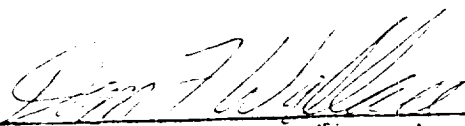
Date First New Oil Run To Tanks 9/18/84	Date of Test 9/18/84	Producing Method (Flow, pump, gas lift, etc.) flowing	
Length of Test 23 hrs.	Tubing Pressure 60#	Casing Pressure 0	Choke Size 1/4"
Actual Prod. During Test 26.5, 20mcf/g	Oil-Bbls. 27.6	Water-Bbls. 0	Gas-MCF 20.87

GAS WELL

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



Vice-President

10/10/84

(Title)

(Date)

OIL CONSERVATION DIVISION
OCT 16 1984

APPROVED _____, 19

BY _____
DISTRICT SUPERVISOR

TITLE _____

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 filled for each pool in multiply completed wells.