

## OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.O.B.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATION	
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	<input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

Other (Please explain)  
**CASINGHEAD GAS MUST NOT BE  
FLARED AFTER 5/10/85  
UNLESS AN EXCEPTION TO R-4070  
IS OBTAINED.**If change of ownership give name  
and address of previous ownerTHIS WELL HAS BEEN PLACED IN THE POOL  
DESIGNATED BELOW. IF YOU DO NOT CONCUR  
NOTIFY THIS OFFICE.

## DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name Including Formation	Kind of Lease	Lease No.
Tucker	3	West Tucker Ranch-Canyon Pool	State, Federal or Fee Fee	

Location	Unit Letter	A	660	Feet From The	North	Line and	330	Feet From The	East
	Line of Section	8	Township	7S	Range	33E	NMPM,	Roosevelt	County

## DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Phillips Petroleum Co., -Trucks	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	Sec.	Twp.	Rge.	Is gas actually connected?	When
	A	8	7S	33E	No	

If this production is commingled with that from any other lease or pool, give commingling order number:

## COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res't.	Diff. Res't.
	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>					
Date Spudded	12/20/84	Date Compl. Ready to Prod.	Total Depth	9450'	P.B.T.D.	9204'		
Elevations (DF, RKB, RT, GR, etc.)	Gr 4408' KB 4422'	Name of Producing Formation	Top Oil/Gas Pay	8980'	Tubing Depth	8890'		
Perforations	8081' - 8987'				Depth Casing Shoe	8890'		

## TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17 1/2"	13 3/8"	360'	360
12 1/4"	9 5/8"	4510'	1700
7 7/8"	5 1/2"	9204'	500

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	3/10/85	Date of Test	3/11/85	Producing Method (Flow, pump, gas lift, etc.)	Flowing
Length of Test	24 hrs	Tubing Pressure	75#	Casing Pressure	270#
Actual Prod. During Test	154 bbls	Oil-Bbls.	154	Water-Bbls.	0
				Choke Size	20/64"
				Gas-MCF	107

## GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

## 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, Production

3/14/85

## OIL CONSERVATION DIVISION

MAR 20 1985

APPROVED

ORIGINAL SIGNED  
DISTRICT SUPERVISOR

BY

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 filed for each pool in multiple completed wells.

RECEIVED

MAR 14 1985

HOUSE OF REPRESENTATIVES