

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

OR SERVICE RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.D.A.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATION	
PRODUCTION OFFICE	
Operator	

Gandy Corporation

Address

c/o Oil Reports & Gas Services, Inc., Box 763, Hobbs, New Mexico 88240

Reason(s) for filing (Check proper box)

New Well ☐
Recompletion ☐
Change In Ownership ☐

Change In Transporter of:

Oil ☐ Dry Gas ☐
Casinghead Gas ☒ Condensate ☐

Other (Please explain)

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Annie Davis	Well No. 1	Pool Name, including Formation Chaveroo San Andres	Kind of Lease State, Federal or Fee Fee	Lease No.
Location				
Unit Letter C	660	Feet From The North	Line and 1980	Feet From The West
Line of Section 9	Township 8S	Range 33E	N.M.M., Chaves County	

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐ Mobil Oil Corporation	Address (Give address to which approved copy of this form is to be sent) c/o D. C. Kennedy, P. O. Box 900, Dallas, TX 75221					
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐ Cities Service Co.	Address (Give address to which approved copy of this form is to be sent) P. O. Box 300, Tulsa, OK 74102					
If well produces oil or liquids, give location of tanks.	Unit C	Sec. 9	Typ. 8S	Rge. 33E	Is gas actually connected? Yes	When 4/6/79

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas well	New Well	Workover	Deepen	Plug Back	Same Well, Prod. Est.
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.V.T.D.		
Elevation (DI, RAB, 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 fluid oil and must be equal to or exceed top oil able for this depth or be for full 24 hours

Date First New Oil Run To Tanks	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/GMCF	Gravity of Condensate
Testing Method (piston, 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.

ORIG. SIGNED BY: DONNA ROLLER

(Signature)

Agent

(Date)

5/22/79

(Date)

OIL CONSERVATION DIVISION

APPROVED **MAY 20 1979**, 19
BY **Darryl E. King**
TITLE **Dist. Officer**

This form is to be filed in compliance with RULE 110.

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 allowables on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transportation other than by change of conditions. Sections I through V must be filled out for each pool in production.