

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

NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form O-114  
Supersedes Old O-114 and C-1  
Effective 1-1-65

I.

Operator Western Reserves Oil Company			
Address P. O. Box 2188 Hobbs, New Mexico 88240			
Reason(s) for filing (Check proper box)		Oil (Casinghead Gas) <b>CASINGHEAD GAS MUST NOT BE FLARED AFTER 9/11/81 UNLESS AN EXCEPTION TO R-4070 IS OBTAINED.</b>	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:		
Recompletion <input type="checkbox"/>	Oil <input checked="" type="checkbox"/>	Dry Gas <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	Casinghead 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 Mountain Federal	Well No. #5	Pool Name, including Formation Tom-Tom (San Andres)	Kind of Lease State, Federal or Fee Federal	Lease No. 046153-
Location Unit Letter <u>E</u> ; <u>1650'</u> Feet From The <u>North</u> Line and <u>990'</u> Feet From The <u>West</u> Line of Section <u>34</u> Township <u>7-S</u> Range <u>31-E</u> , NMPM, <u>Chaves</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"/>	Address (Give address to which approved copy of this form is to be sent) Box 1558 Breckenridge, Texas 76024					
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 F	Sec. 34	Twp. 7-S	Rge. 31-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 <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input 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 4/19/81	Date Compl. Ready to Prod. 6/20/81	Total Depth 3965'		P.B.T.D. NA					
Elevations (DF, RKB, RT, GR, etc.) 4313 GR	Name of Producing Formation San Andres	Top Oil/Gas Pay 3912'		Tubing Depth 3930'					
Perforations 3912' - 3927' ISPF (15)				Depth Casing Shoe 3962'					
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4"		8 5/8"		1592'		700 sx			
7 7/8"		4 1/2"		3962'		300sx			

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 6/25/81	Date of Test 6/30/81	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hours.	Tubing Pressure NA	Casing Pressure NA	Choke Size NA
Actual Prod. During Test 89	Oil - Bbls. 44	Water - Bbls. 45	Gas - MCF 42 mcf

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

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

OIL CONSERVATION COMMISSION

APPROVED: \_\_\_\_\_, 19\_\_\_\_

BY: \_\_\_\_\_

TITLE: \_\_\_\_\_

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable on a well, this form must be accompanied by a statement of the deviation test results on the well in accordance with Rule 1104.