

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.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

Operator
Aikman Petroleum, Inc.Address
One Midland National Center - Suite 1190 Midland, Texas 79701

Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	Change in Crude Oil (Condensate)
Recompletion <input type="checkbox"/>	Purchaser effective July 1, 1982
Change in Ownership <input type="checkbox"/>	
Change in Transporter of: Oil <input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input checked="" type="checkbox"/>	

If change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name Sanders	Well No. 1	Pool Name, including Formation Lightcap Montoya Gas	Kind of Lease State, Federal or Fee Fee	Lease No.
Location Unit Letter <u>E</u> : <u>1900</u> Feet From The <u>North</u> Line and <u>660</u> Feet From The <u>West</u> Line of Section <u>8</u> Township <u>8S</u> Range <u>30E</u> , NMPM, <u>Chaves</u> County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Tesoro Crude Oil Company	8700 Tesoro Drive, San Antonio, Tx 78286
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Cities Service Oil Company	Tulsa, Oklahoma
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
E 8 8S 30E	Yes 6 - 17 - 82

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'v.	Diff. Res'v.
		XX						
Date Spudded 7/19/81	Date Compl. Ready to Prod. 9/21/81	Total Depth 7954'	Schlumberger	P.B.T.D. 7946'	Schlumberger			
Elevations (DF, RKB, RT, GR, etc.) 4047' KB ; 4035' GL	Name of Producing Formation Montoya	Top Oil/Gas Pay 7903'	Tubing Depth 7873'		Depth Casing Shoe 7951'			
Perforations 5 holes (1 SPF) 7903, 05, 07, 09 & 7911'								

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17 - 1/2"	13 - 3/8"	453'	475
12 - 1/4"	8 - 5/8"	2465'	975
7 - 7/8"	4 - 1/2"	7951'	800
	2 - 3/8"	7873'	Packer @ 7840'

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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bble.	Water-Bble.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D AOF 2000.7	Length of Test 5 hr Multi-point Test	Bble. Condensate/MMCF 159.3	Gravity of Condensate 67.3 ⁰ API
Testing Method (prior, back pr.) Back Pressure	Tubing Pressure (Shut-in) 72-1/2 hr - 1836 psig	Casing Pressure (Shut-in) Packer - 0	Choke Size Variable

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.

John A. Sheldon
(Signature)
Consultant7 - 5 - 82
(Date)

OIL CONSERVATION DIVISION

APPROVED JUL 12 1982, 19

BY ORIGINAL SIGNATURE

JERRY LARSON

TITLE DISTRICT CLERK

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 deviate 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 recompleted wells.