

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

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TRANSPORTER	
OIL	
GAS	
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**REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS**

Operator <b>Forister &amp; Sweatt</b>	
Address <b>PO Box 161, Artesia, NM 88210</b>	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/> Change in Transporter of: Recompletion <input type="checkbox"/> Oil <input 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 \_\_\_\_\_

**I. DESCRIPTION OF WELL AND LEASE**

Lease Name <b>Ivey Lynne Federal</b>	Well No. <b>1</b>	Pool Name, Including Formation <b>Chaves Queen Gas SE Assoc</b>	Kind of Lease <b>State, Federal or Fee Federal</b>	Lease No. <b>NM-16819</b>
Location Unit Letter <b>B</b> ; <b>990</b> Feet From The <b>North</b> Line and <b>1650</b> Feet From The <b>East</b> Line of Section <b>5</b> Township <b>13S</b> Range <b>31E</b> , NMPM, <b>Chaves</b> County				

**II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS**

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
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)
<b>Cabot Corporation</b>	<b>1616 S. Kentucky, Bldg C Suite 110</b>
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
<b>NONE</b>	<b>yes 3-9-83 Amarillo, TX 79102</b>

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

**III. COMPLETION DATA**

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		<b>X</b>	<b>X</b>					
Date Spudded <b>9-30-82</b>	Date Compl. Ready to Prod. <b>11-10-82</b>	Total Depth <b>2650</b>	P.B.T.D. <b>2595</b>					
Elevations (DF, RKB, RT, GR, etc.) <b>4059.8 GR</b>	Name of Producing Formation <b>Queen</b>	Top Oil/Gas Pay <b>2542</b>	Tubing Depth <b>2520</b>					
Perforations <b>Queen: 2542-2549 14 1/2" holes 2554-2559 10 1/2" holes</b>			Depth Casing Shoe <b>2650</b>					
<b>TUBING, CASING, AND CEMENTING RECORD</b>								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
<b>12 1/2</b>	<b>8 5/8</b>	<b>974</b>	<b>475 circulated</b>					
<b>7 7/8</b>	<b>4 1/2</b>	<b>2650</b>	<b>300</b>					

**IV. 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)

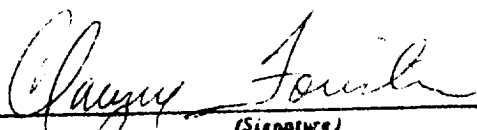
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
		Casing Pressure	Choke Size
Length of Test	Tubing Pressure	Water - Bbls.	Gas - MCF
Actual Prod. During Test	Oil - Bbls.		

**GAS WELL**

Actual Prod. Test-MCF/D <b>2400</b>	Length of Test <b>24 hrs</b>	Bbls. Condensate/MMCF <b>0</b>	Gravity of Condensate <b>-</b>
Testing Method (prior, back pr.) <b>back pressure</b>	Tubing Pressure (Shut-in) <b>600#</b>	Casing Pressure (Shut-in) <b>600#</b>	Choke Size <b>24/64</b>

**V. 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.

  
 (Signature)  
 Partner  
 (Title)  
 3-15-83  
 (Date)

**OIL CONSERVATION DIVISION**

APPROVED **MAR 22 1983** 19  
 BY **ORIGINAL SIGNED BY JERRY SEXTON**  
**DISTRICT I 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 filed for each pool in multiply completed wells.

RECEIVED  
MAR 21 1983  
O.C.D.  
HOBBS OFFICE

THE NEW YORK  
CITY & COUNTY  
OFFICE OF THE  
COMPTROLLER  
PLEASE REFER TO BUREAU OF RECORDS  
FOR INFORMATION