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| TRANSPORTER | OIL |
| | GAS |
| OPERATOR | |
| PRORATION OFFICE | |

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

| | | | | | | | | | |
|--|-------------------------------------|-----------------------------|--------------------------------|---|---|---------------------------------------|-----------|-------------|--------------|
| Operator Petroleum Exploration Company, Inc. | | | | | | | | | |
| Address Post Office Box 809, Roswell, New Mexico 88201 | | | | | | | | | |
| Reason(s) for filing (Check proper box) | | | | | Other (Please explain) | | | | |
| New Well | <input checked="" type="checkbox"/> | Change in Transporter of: | | | | Request Production Allowable | | | |
| Recompletion | <input type="checkbox"/> | Oil | <input type="checkbox"/> | Dry Gas | <input type="checkbox"/> | Approval to flare casinghead gas from | | | |
| Change in Ownership | <input type="checkbox"/> | Casinghead Gas | <input type="checkbox"/> | Condensate | <input type="checkbox"/> | this well must be obtained from the | | | |
| | | | | | Minerals Management Service. | | | | |
| If change of ownership give name and address of previous owner | | | | | | | | | |
| THIS WELL HAS BEEN PLACED IN THE POOL DESIGNATED BELOW. IF YOU DO NOT CONCUR NOTIFY THIS OFFICE. | | | | | | | | | |
| Lease Name | | Well No. | Pool Name, Including Formation | | Kind of Lease | | Lease No. | | |
| West Siete Federal | | 1 | Siete - San Andres | | R7607 8-1-84 Federal | | 067707 | | |
| Location | | | | | | | | | |
| Unit Letter <u>H</u> : 1980 Feet From The North Line and 660 Feet From The East | | | | | | | | | |
| Line of Section 18 Township 8-S Range 31-E NMPH Chaves County | | | | | | | | | |
| DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS | | | | | | | | | |
| Name of Authorized Transporter of Oil or Condensate | | | | | (Give address to which approved copy of this form is to be sent) | | | | |
| Navajo Crude Oil Purchasing Company | | | | | P.O. Drawer 175, Artesia, N.M. 88210 | | | | |
| Name of Authorized Transporter of Casinghead Gas or Dry Gas | | | | | (Give address to which approved copy of the form is to be sent) | | | | |
| | | | | | | | | | |
| If well produces oil or liquids, give location of tanks. | | Unit | Sec. | Twp. | Rge. | Is gas actually connected? | | When | |
| | | 18 | 8-S | 31-E | | 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'v. | Diff. Res'v. |
| Date Spudded | | Date Compl. Ready to Prod. | | Total Depth | | P.B.T.D. | | | |
| 3-24-84 | | 4-15-84 | | 3840' | | 3796' | | | |
| Elevations (DP, RSB, RT, GW, etc.) | | Name of Producing Formation | | Top Oil/Gas Pay | | Tubing Depth | | | |
| 4187 GL, 4197 KB | | Siete - San Andres | | 3654' | | 3673' | | | |
| Perforations | | | | | | Depth Casing Shoe | | | |
| 3654' - 3663' w/ 9 shots, 3667' - 3671' w/ 5 shots | | | | | | - | | | |
| TUBING, CASING, AND CEMENTING RECORD | | | | | | | | | |
| HOLE SIZE | | CASING & TUBING SIZE | | DEPTH SET | | SACKS CEMENT | | | |
| 12-1/2" | | 8-5/8" | | 1158' | | 450 sacks | | | |
| 7-7/8" | | 4-1/2" | | 3792' | | 350 sacks | | | |
| | | 2-3/8" | | 3673' | | | | | |
| 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.) | | | | | |
| 4-10-84 | | 5-1-84 | | Pump | | | | | |
| Length of Test | | Tubing Pressure | | Casing Pressure | | Choke Size | | | |
| 24 hours | | 20 lbs | | 20 lbs | | - | | | |
| Actual Prod. During Test | | Oil-Water | | Water-OBbls. | | Gas-OBbl | | | |
| 28 bbls | | 27 bbls | | 1 bbl | | TSTM | | | |
| GAS WELL | | | | | | | | | |
| Actual Prod. Test-OBbl/D | | Length of Test | | Bbls. Condensate/MBbl | | Gravity of Condensate | | | |
| | | | | | | | | | |
| Testing Method (prior, back pr.) | | Tubing Pressure (shut-in) | | Casing Pressure (shut-in) | | Choke Size | | | |
| | | | | | | | | | |
| CERTIFICATE OF COMPLIANCE | | | | | OIL CONSERVATION DIVISION | | | | |
| 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. | | | | | MAY 14 1984 | | | | |
| Wesley Bogdan (Signature) Wesley Bogdan Secretary/Treasurer (Title) | | | | | APPROVED _____, 19____ BY <u>Eddie W. Seay</u> TITLE <u>Oil & Gas Inspector</u> | | | | |
| 5-7-84 (Date) | | | | | This form is to be filed in compliance with RULE 1102. If this is 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 ownership, 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. | | | | |

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MAY 14 1984
O.C.D.
HOBBS OFFICE



HORIZON DRILLING &
EXPLORATION CORPORATION



P.O. Box 2487
Roswell, New Mexico 88201
623-9537

April 16, 1984

Petroleum Exploration Corporation
P.O. Box 809
Roswell, New Mexico 88201

West Siete Federal #1
Section 18, T8S, R31E
Chaves County, New Mexico

Spudded 3/24/84

DEVIATION SURVEY:

580' - $3/4^{\circ}$
1165' - 1°
1679' - 1°
2156' - $1-1/4^{\circ}$
2600' - 1°
3119' - 1°
3800' - $1-1/4^{\circ}$

TD - 3840'

Released 3/31/84

Sincerely,

William H. Echols
Pusher

STATE OF NEW MEXICO)
COUNTY OF CHAVES)

The foregoing instrument was
acknowledged before me this
16th day of May,
1984 by the person known to
me to be William H. Echols

My Commission Expires:
3-31-85

Notary Public

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MAY 14 1984

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