

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

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

| | |
|------------------------|-----|
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| SANTA FE | |
| FILE | |
| U.S.G.S. | |
| LAND OFFICE | |
| TRANSPORTER | OIL |
| | GAS |
| OPERATOR | |
| PRODUCTION OFFICE | |

I. Operator
MR Oil Company

Address
P.O. Box 685, Monahans, Texas 79756

Reason(s) for filing (Check proper box)
 New Well Change in Transporter of:
 Recompletion Oil Dry Gas
 Change in Ownership Casinghead Gas Condensate

Other (Please explain)
Approval to flare casinghead gas from this well must be obtained from the Minerals Management Service. *BDM*

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.

II. DESCRIPTION OF WELL AND LEASE

| | | | | |
|-------------------------------------|----------------------|---|--|------------------------------|
| Lease Name T.A.O. Federal | Well No. 2 | Pool Name, including Formation Undesignated Queen | Kind of Lease State, Federal or Fee Federal | Lease No. NM-20968 |
|-------------------------------------|----------------------|---|--|------------------------------|

Location
 Unit Letter **A** ; **330** Feet From The **North** Line and **990'** Feet From The **East**
 Line of Section **3** Township **13S** Range **31E** , NMPM, **Chaves** 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"/> Navajo Refining Company | Address (Give address to which approved copy of this form is to be sent) 501 East Main, Artesia, New Mexico 88210 |
| 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 A | Sec. 3 | Twp. 13S | Rge. 31E | Is gas actually connected? | 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 checked="" type="checkbox"/> | Workover <input type="checkbox"/> | Deepen <input type="checkbox"/> | Plug Back <input type="checkbox"/> | Same Res't'n <input type="checkbox"/> | Diff. Res't'n <input type="checkbox"/> |
|------------------------------------|--|-----------------------------------|--|-----------------------------------|---------------------------------|------------------------------------|---------------------------------------|--|

| | | | |
|---|--|------------------------------------|-----------------------------------|
| Date Spudded 7/18/84 | Date Compl. Ready to Prod. 7/31/84 | Total Depth 3050' | P.B.T.D. 3041' |
| Elevations (DF, RAB, RT, GR, etc.) 4429 GR | Name of Producing Formation Queen | Top Oil/Gas Pay 2989 G.L | Tubing Depth 2918' |
| Perforations 2989-3001, 12 shots with one hole per foot | | | Depth Casing Shoe 3046' |

| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT |
|--------------|----------------------|--------------|---|
| 11 | 8 5/8 | 554' | 125-Pace lite 2% CACI |
| 7 7/8 | 5 1/2 | 3114' | 100SX-H 2% CACI |
| 5 1/2 | 2 3/8 | 2918' | 500SX-H Lite & 100SX-H Neat) N/A |

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 8/01/84 | Date of Test 08/01/84 | Producing Method (Flow, pump, gas lift, etc.) Pump | |
| Length of Test 24 hours | Tubing Pressure 40 | Casing Pressure 40 | Choke Size None |
| Actual Prod. During Test | Oil-Bbls. 102 | Water-Bbls. 1 | Gas-MCF 46 |

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 Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Steve Jones
(Signature)
Agent
(Title)
August 3, 1984
(Date)

OIL CONSERVATION DIVISION
AUG - 8 1984

APPROVED _____, 19____
BY **OIL & GAS INSPECTOR**
TITLE _____

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 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 completed wells.