

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	
PERMITS OFFICE	

Operator MR Oil Company	
Address P.O. Box 685, Monahans, Texas 79756	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	Approval to flare casinghead gas from this well must be obtained from the Minerals Management Service. <i>BLM</i>
Recompletion <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	
Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	

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 <i>Queen</i> Undesignated Queen	Kind of Lease State, Federal or Fee Federal	Lease No. NM-20968
Location Unit Letter <u>A</u> ; <u>330</u> Feet From The <u>North</u> Line and <u>990'</u> Feet From The <u>East</u> Line of Section <u>3</u> Township <u>13S</u> Range <u>31E</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"/> 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'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
11	8 5/8		554'		125-Pace lite 2% CAC1			
					100SX-H 2% CAC1			
7 7/8	5 1/2		3114'		500SX-H Lite & 100SX-			
5 1/2	2 3/8		2918'		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

APPROVED AUG - 8 1984, 19____
BY OIL & GAS INSPECTOR
TITLE _____

This form is to be filed in compliance with RULE 11.02
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 11.1.
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.