

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

1. OPERATOR	Spence Energy Company		
Address	381 Two Energy Square, 4849 Greenville Avenue, Dallas, Texas 75206		
Reason(s) for filing (Check proper box)	Other (Please explain)		
New Well <input checked="" type="checkbox"/>	Change in Transporter of:	Casinghead Gas MUST NOT BE	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>	PLACED AFTER 5/1/85	
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	UNLESS AN EXCEPTION TO R-4070	
	Dry Gas <input type="checkbox"/>	IS OBTAINED.	
	Condensate <input type="checkbox"/>		

If change of ownership give name
and address of previous ownerTHIS 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	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
State 22	1	Chaveroo San Andres	State, Federal or Fee State	LH-1320
Location				
Unit Letter <u>D</u> : <u>660</u> Feet From The <u>North</u> Line and <u>660</u> Feet From The <u>West</u>				
Line of Section <u>22</u> Township <u>8S</u> Range <u>33E</u> , 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"/>	Address (Give address to which approved copy of this form is to be sent)					
J M Petroleum Corporation	Plaza of the Americas 2000 N. Tower, Dallas, Texas 75201					
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	Sec.	Twp.	Rge.	Is gas actually connected?	When
	D	22	8S	33E		

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

none

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'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded	Date Compl. Ready to Prod.	Total Depth		P.B.T.D.				
1/9/85	2/23/85	4434'		4410'				
Elevations (DF, RKB, RT, CR, etc.)	Name of Producing Formation	Top Oil/Gas Pay		Tubing Depth				
4364 G.L.	San Andres	Oil		4340'				
Perforations					Depth Casing Shoe			
4356' - 4394'					4434'			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4	8 5/8	400	275
7 7/8	5 1/2	4434	150

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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
	3/1/85	Pumping	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24	-0-	50#	None
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
	70	180	30

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, 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.

L. O. Spence (Signature)

President (Title)

3-4-85 (Date)

OIL CONSERVATION DIVISION

MAR - 6 1985

APPROVED _____, 19____

BY ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT 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 allow-
able 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 Form C-104 must be filed for each well in multiple

