

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.D.	
LAND OFFICE	
TRANSPORTER	
OIL	
GAS	
OPERATOR	
PRODUCTION OFFICE	

Operator Bison Petroleum Corporation	
Address 203 W. 8th Suite 510 Amarillo, Texas 79101	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Recompletion <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	

If change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name Walters 'B' Federal	Well No. 1	Pool Name, including Formation SE Chaves Queen Gas Area Asso.	Kind of Lease State, Federal or Fee Federal	Lease No. NM-18501
Location Unit Letter <u>E</u> ; <u>1980</u> Feet From The <u>North</u> Line and <u>1200</u> Feet From The <u>West</u> Line of Section <u>34</u> Township <u>T13S</u> Range <u>R30E</u> , NMPM, <u>Chaves</u> County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Navajo Crude Oil	Address (Give address to which approved copy of this form is to be sent) P.O. Drawer 159 Artesia, NM 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 E	Sec. 34	Twp. 13S	Rge. 30E	Is gas actually connected? No - gas vented	When

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 <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Rest'v.	Diff. Rest'
Date Spudded 2-16-85	Date Compl. Ready to Prod. 3-2-85	Total Depth 2200' MD	P.B.T.D. 2163 GL					
Elevations (DF, RAB, RT, GR, etc.) 3875 DF	Name of Producing Formation Queen Sand	Top Oil/Gas Pay 2136 - 46 MD	Tubing Depth 2128 MD					
Perforations 2136-46	Depth Casing Shoe							

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4"	8 5/8" 24#	636'	300 sx C1 C
7 5/8"	5 1/2" 15.5#	2200'	300 sx C1 C 150 sx 50/54
	2 3/8"	2128'	

TEST DATA AND REQUEST FOR ALLOWABLE (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 3-10-85	Date of Test 3-24-85	Producing Method (Flow, pump, gas lift, etc.) Pumping 1 1/2" x 2" Insert	
Length of Test 24 hours	Tubing Pressure N/A	Casing Pressure 6 psi	Choke Size Open
Actual Prod. During Test	Oil - Bbls. 5.85 bbl.	Water - Bbls. 0 bbl	Gas - MCF 2.6 mcf

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

I. 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)

Administrative Secretary

(Title)

4-17-85

(Date)

OIL CONSERVATION DIVISION

APPROVED APR 24 1985, 19BY ORIGINAL SIGNED BY JERRY SEXTONTITLE DISTRICT 1 SUPERVISOR

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 deviate 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.

RECEIVED

APR 23 1985

OFFICE
HONORARY

RECEIVED

APR 18 1985

HONORARY