

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator SANDSTONE OIL & GAS	Well API No. 30-005-21105
Address 1330 E. 8th Street #304, Odessa, Texas 79761	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
If change of operator give name and address of previous operator	

II. DESCRIPTION OF WELL AND LEASE

Lease Name TOM "36" STATE	Well No. 5	Pool Name, Including Formation TOMAHAWK SAN ANDR\$S	Kind of Lease (State) Federal or Fee	Lease No. L-5120
Location Unit Letter P : 660 Feet From The East Line and 660 Feet From The South Line Section 36 Township 7-South Range 31-East, 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) P.O. Box 5400 Bartlesville, OK 74005-5400
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) 10200 Grogans Mill Road, The Woodlands, Tx 77380
If well produces oil or liquids, give location of tanks. Unit H Sec 36 Twp 7-S Rge 31-E	Is gas actually connected? Yes When 12/12/91
If this production is commingled with that from any other lease or pool, give commingling order number: N/A	

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 11/18/91	Date Compl. Ready to Prod. 12/12/91		Total Depth 4300		P.B.T.D. 4245			
Elevations (DF, RKB, RT, GR, etc.) 4421.9 GL	Name of Producing Formation San Andres		Top Oil/Gas Pay 3950		Tubing Depth 42			
Perforations 4088-4180					Depth Casing Shoe			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4	8 5/8		1570		765			
7 7/8	5 1/2		4300		400			
	2 3/8		4205					

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 Tank 12/14/91	Date of Test 12/18/91	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hrs.	Tubing Pressure 25	Casing Pressure 15	Choke Size N/A
Actual Prod. During Test 61	Oil - Bbls. 18	Water - Bbls. 43	Gas- MCF 22

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. OPERATOR 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 DOUG HAM Partner
Printed Name DOUG HAM Title
Date 10/5/92 (915) 334-8531 Telephone No.

OIL CONSERVATION DIVISION

Date Approved _____

By _____

Title _____

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.