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REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Rapid Company, Inc.

Address
c/o Oil Reports & Gas Services, Inc., Box 763, Hobbs, NM 88240

Reason(s) for filing (Check proper box)

New Well ☐ Change in Transporter of:
Recompletion ☐ Oil ☒ Dry Gas ☐
Change in Ownership ☒ Castinhead Gas ☐ Condensate ☐

Other (Please explain)

Effective 10/1/79

If change of ownership give name and address of previous owner **Tipton & Denton, Box 763, Hobbs, NM 88240**

DESCRIPTION OF WELL AND LEASE

Lease Name Ranger Lake	Well No. 1	Pool Name, including Formation Ranger Lake Penn	Kind of Lease State, Federal or Foreign State	Lease No. K-3909
Location Unit Letter N ; 660 Feet From The South Line and 1980 Feet From The West Line of Section 11 Township 12 S Range 34 E NMPM, Lea County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐ Summa Energy Corporation	Address (Give address to which approved copy of this form is to be sent) P. O. Box 763, Hobbs, NM 88240					
Name of Authorized Transporter of Castinhead Gas ☒ or Dry Gas ☐ Warren Petroleum Corporation	Address (Give address to which approved copy of this form is to be sent) Box 1589, Tulsa, OK 74102					
If well produces oil or liquids, give location of tanks.	Unit N	Sec. 11	Twp. 12 S	Rge. 34 E	Is gas actually connected? Yes	When 12/8/66

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Resiv.	Diff. Resiv.
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.O.		
Elevations (DS, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
Perforations						Depth Casing Shoe		

TUBING, CASING, AND CEMENTING RECORD

HOSE SIZE	CASING & TUBING SIZE	DEPTH SET	BACKS CEMENT

TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(Test must be after recovery of total volume of flood 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.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - 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

1. 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)

Agent

(Title)

10/30/79

(Date)

OIL CONSERVATION DIVISION

APPROVED **NOV 8 1979**, 19

BY **Jerry Sexton**
Orig. Signed by

TITLE **Dist. L. Supv.**

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 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 multiply recompleted wells.