

DISTRICT II  
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87410

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 Petroleum Production Management, Inc.		Well API No. 30 025 22765
Address Suite 200/Sutton Place Bldg. Wichita, Kansas 67202		
Reason(s) for Filing (Check proper box) <input checked="" type="checkbox"/> Other (Please explain) add com to lease name New Well <input type="checkbox"/> Change in Transporter of: Recompletion <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Commingled 8/30/91 N. Baum wolfcamp Change in Operator <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> & Baum upper Penn per DNC-811		
If change of operator give name and address of previous operator		

II. DESCRIPTION OF WELL AND LEASE

Lease Name State 19 com	Well No. 1	Pool Name, Including Formation Baum Upper Penn & Wolfcamp	Kind of Lease State, Federal or Fee X	Lease No. K6272/B399 35
Location Unit Letter I : 660 Feet From The East Line and 1980 Feet From The South Line Section 19 Township 13 S Range 33 E , NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil Amoco Pipeline <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) Box 591 Tulsa, Oklahoma 74102					
Name of Authorized Transporter of Casinghead Gas Warren Petroleum Corp. <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) Box 1589 Tulsa, Oklahoma 74100					
If well produces oil or liquids, give location of tanks.	Unit 1	Sec. 19	Twp. 13S	Rge. 33 E	Is gas actually connected? Yes	When? 12/12/69
If this production is commingled with that from any other lease or pool, give commingling order number: <u>DNC - 811</u>						

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well X	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded	Date Compl. Ready to Prod. 8/30/91		Total Depth 9795'		P.B.T.D. 9720'			
Elevations (DF, RKB, RT, GR, etc.) 4279.3' KB	Name of Producing Formation Penn		Top Oil/Gas Pay Penn 9558'/Wolf. 9369'		Tubing Depth 9715'			
Perforations Penn 9709' - 9558'		Wolfcamp 9369' - 9373'		Depth Casing Shoe				
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			

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.)

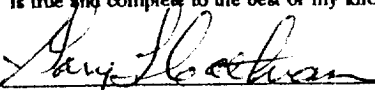
Date First New Oil Run To Tank 9/5/91	Date of Test 9/16/91	Producing Method (Flow, pump, gas lift, etc.) Rod Pump	
Length of Test 24 hours	Tubing Pressure 20#	Casing Pressure 20#	Choke Size 2"
Actual Prod. During Test 12	Oil - Bbls. 11	Water - Bbls. 1	Gas - MCF 17

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 \_\_\_\_\_  
Gary T. Cothran Dist Supt.  
Printed Name \_\_\_\_\_ Title \_\_\_\_\_  
9/17/91 675-2478  
Date \_\_\_\_\_ Telephone No. \_\_\_\_\_

OIL CONSERVATION DIVISION

Date Approved SEP 20 1991  
By ORIGINAL SIGNED BY JERRY SEXTON  
DISTRICT I SUPERVISOR  
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.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.