

## OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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

Operator Harper Oil Company	
Address 904 Hightower Building Oklahoma City, Oklahoma 73102	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of ownership give name  
and address of previous owner \_\_\_\_\_

## DESCRIPTION OF WELL AND LEASE

Lease Name Frier	Well No. 1	Pool Name, Including Formation Undesignated Bough "B"	Kind of Lease State, Federal or Fee State	Lease No. LG 5419
Location Unit Letter <u>L</u> : <u>660</u> Feet From The <u>West</u> Line and <u>1980</u> Feet From The <u>South</u>				
Line of Section <u>29</u> Township <u>12S</u> Range <u>34E</u> <u>28</u> , NMPM, <u>Lea</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"/> Koch Oil Company	Address (Give address to which approved copy of this form is to be sent) P.O. Box 2256 Wichita, Kansas 67201	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> Warren Petroleum Co.	Address (Give address to which approved copy of this form is to be sent) Tulsa, Oklahoma	
If well produces oil or liquids, give location of tanks.	Unit L	Sec. 29
	Twp. 12S	Rge. 34E
	Is gas actually connected? No	

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 <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 January 4, 1980	Date Compl. Ready to Prod. February 27, 1980		Total Depth 10,409'		P.B.T.D. 10,362'			
Elevations (DF, RKB, RT, CR, etc.) 4209' KB 4194' GL	Name of Producing Formation Bough "B"		Top Oil/Gas Pay 9933'		Tubing Depth 9773'			
Perforations 9933' to 9958'					Depth Casing Shoe 10,407'			

TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17 1/4"	13 3/8"	343'	400 sacks
12 1/4"	8 5/8"	4,200'	3600 sacks
7 7/8"	5 1/2"	10,407'	575 sacks
	2 3/8" N-80	9,773'	None

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 February 22, 1980	Date of Test February 24, 1980	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 hours	Tubing Pressure 36 hour SITP 800#	Casing Pressure -0-	Choke Size 1"
Actual Prod. During Test	Oil - Bbls. 75 BO	Water - Bbls. 42 BLW	Gas - MCF 80 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

## 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.

C. A. Richter  
(Signature)  
Production Manager  
(Title)  
April 8, 1980  
(Date)

## OIL CONSERVATION DIVISION

APPROVED John W. Runyan 1980, 19  
BY Geologist  
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 Forms C-104 must be filed for each pool in multiply  
completed wells.