

## 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	
PRODUCTION OFFICE	

Operator  
Viking Petroleum, Inc.

Address  
2761 E. Skelly Dr. - Tulsa, OK 74105

Reason(s) for filing (Check proper box)  
New Well ☒ Change in Transporter of:  
Recompletion ☐ Oil ☐ Dry Gas ☐  
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐

Other (Please explain)  
Tested well in excess of 60 days -  
Non-Commercial  
71 bbl. testing allowable

If change of ownership give name and address of previous owner N/A

## II. DESCRIPTION OF WELL AND LEASE

Lease Name Dome Nombre 31 State	Well No. 1	Pool Name, Including Formation Wildcat - <i>Baugh</i>	Kind of Lease State, Federal or Fee	State State	Lease No. L-5298
Location Unit Letter <u>H</u> ; <u>1980</u> Feet From The <u>North</u> Line and <u>660</u> Feet From The <u>East</u> Line of Section <u>31</u> Township <u>13S</u> Range <u>34E</u> , NMPM, <u>Lea</u> County					

## III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> Phillips Petroleum Co. - Trucks	Address (Give address to which approved copy of this form is to be sent) 4001 Penbrook - Odessa, TX 79762
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 Sec. Twp. Rge. Is gas actually connected? No When

If this production is commingled with that from any other lease or pool, give commingling order number: No

## 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 2/28/81	Date Compl. Ready to Prod. Non-Commercial	Total Depth 13,174' KB	P.B.T.D. 10,420' KB					
Elevations (DF, RKB, RT, GR, etc.) 4176.8' KB & 4164.8' GL	Name of Producing Formation <del>Non-Productive</del> <i>Baugh</i>	Top Oil/Gas Pay Non-Productive	Tubing Depth None					
Perforations 10,374-388' w/25 PF & 10,402-406' w/25 PF	Depth Casing Shoe							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
17 1/2"	13 3/8", 48#, H-40, ST&C	390'	400 SX					
12 1/4"	8 5/8", 32#, K-55, ST&C	4,204'	2,300 SX					
7 7/8"	5 1/2", 17 & 23#, N-80&S-95	13,142'	2,000 SX					

## 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 Tanks 1/26/82	Date of Test Pump Test 1/26/82-6/2/82	Producing Method (Flow, pump, gas lift, etc.) Pump		
Length of Test 5 Months	Tubing Pressure 0	Casing Pressure 0	Choke Size None	
Actual Prod. During Test	Oil - Bbls. 71	Water - Bbls. 9,000+	Gas - MCF TSTM	

## GAS WELL

Actual Prod. Test - MCF/D Does Not Apply	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. 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.

*Eugene D. [Signature]*  
(Signature)  
Vice President - Production  
(Title)  
June 23, 1982  
(Date)

## OIL CONSERVATION DIVISION

APPROVED JUN 29 1982, 19  
BY Les Clements  
TITLE Oil & Gas Insp.

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