

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 <u>M & W of Lovington, Inc.</u>		Well API No. <u>30-025-27234</u>
Address <u>Box 922 Lovington, N.M. 88260</u>		CASINGHEAD GAS MUST NOT BE FLARED AFTER <u>4-13-93</u> UNLESS AN EXCEPTION TO R-4070 IS OBTAINED.
Reason(s) for Filing (Check proper box) New Well <input type="checkbox"/> Change in Transporter of: Recompletion <u>Re-entry</u> <input checked="" type="checkbox"/> Oil <input 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 <u>37.60 ac.</u>		

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>State 7</u>	Well No. <u>2</u>	Pool Name, including Formation <u>Wildcat-wycamp</u>	Kind of Lease <u>State</u> Federal or Fee	Lease No.
Location Unit Letter <u>D</u> : <u>510</u> Feet From The <u>North</u> Line and <u>660</u> Feet From The <u>West</u> Line Section <u>7</u> Township <u>14-S</u> Range <u>33-E</u> , NMPM, <u>LCA</u> 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"/> <u>Texas-New Mexico Pipe Line Co.</u>	Address (Give address to which approved copy of this form is to be sent) <u>Box 2528 Hobbs, N.M. 88240</u>					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>Uu-Konin</u>	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 <u>D</u>	Sec. <u>7</u>	Twp. <u>14-S</u>	Rge. <u>33-E</u>	Is gas actually connected? <u>No</u>	When? <u>3-1-93</u>
If this production is commingled with that from any other lease or pool, give commingling order number:						

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well	Workover <u>Re-entry</u>	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded <u>9-24-92</u>	Date Compl. Ready to Prod. <u>2-13-93</u>		Total Depth <u>10,075'</u>		P.B.T.D. <u>9084'</u>			
Elevations (DF, RKB, RT, GR, etc.) <u>4280 G.R.</u>	Name of Producing Formation <u>PK</u> <u>Abq. Wolfcamp</u>		Top Oil/Gas Pay <u>9051'</u>		Tubing Depth <u>9080'</u>			
Perforations <u>9051' - 70'</u>					Depth Casing Shoe <u>9084'</u>			

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
	<u>13-3/8</u>	<u>385</u>	<u>400</u>
	<u>8-5/8</u>	<u>4060</u>	<u>1500</u>
	<u>5-7/8</u>	<u>10,075</u>	<u>200</u>

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 <u>2-13-93</u>	Date of Test <u>2-14-93</u>	Producing Method <u>Pumping</u> (Flow, pump, gas lift, etc.)	
Length of Test <u>48-hrs/24hr</u>	Tubing Pressure <u>20</u>	Casing Pressure <u>30</u>	Choke Size <u>0</u>
Actual Prod. During Test <u>96</u>	Oil - Bbls. <u>75/37.5</u>	Water - Bbls. <u>21/10.5</u>	Gas - MCF <u>40/20</u>

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (<u>pilot, back pr.</u>)	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 Weldon Millsap
Printed Name Weldon Millsap Title
Date 2-18-93 Telephone No. 396-4663

OIL CONSERVATION DIVISION

Date Approved FEB 19 1993

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.

1. E. YON 18/11/1941 (1941/11/18)
2. E. YON 18/11/1941 (1941/11/18)
3. E. YON 18/11/1941 (1941/11/18)
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