

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

I. Operator
Cambrian Oil, Inc.
Address
P. O. Box 672 (2651 Parkway Suite F) Odessa, Texas 79760
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)
CASINGHEAD GAS MUST NOT BE
PLACED AT THE
UNLESS AND
IS OBTAINED
12-1-83
TO 84070

If change of ownership give name and address of previous owner
THIS WELL HAS BEEN PLACED IN THE POOL
NONE DESIGNATED BELOW. IF YOU DO NOT CONCUR
NOTIFY THIS OFFICE.

II. DESCRIPTION OF WELL AND LEASE

Lease Name "Bewitched" State 12 Com Well No. 1 Pool Name, Including Formation Baum (Upper Pen) R-7396 Kind of Lease State, Federal or Fee State Lease No. Getty-K69
Location
Unit Letter I 1,980 Feet From The South Line and 660 Feet From The East
Line of Section 12 Township 14-S Range 32-E, NMPM, Lea County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐
Getty Trading & Transportation Co.
Address (Give address to which approved copy of this form is to be sent)
P. O. Box 1142 Midland, Texas 79701
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐
Warren Petroleum Company
Address (Give address to which approved copy of this form is to be sent)
P. O. Box 1689 Lovington, New Mexico 88260
If well produces oil or liquids, give location of tanks:
Unit I Sec. 12 Twp. 14-S Rge. 32-E
Is gas actually connected? No When Unknown

If this production is commingled with that from any other lease or pool, give commingling order number: NONE

IV. COMPLETION DATA

Designate Type of Completion - (X)
Oil Well ☒ Gas Well ☐ New Well ☒ Workover ☐ Deepen ☐ Plug Back ☐ Same Resrv. ☐ Diff. Res ☐
Date Spudded 4-22-83 Date Compl. Ready to Prod. 9-29-83 Total Depth 10,000' P.B.T.D. 9,950'
Elevations (DF, RKB, RT, GR, etc.) 4,274.6 Name of Producing Formation Bough "B" Top Oil/Gas Pay 9,858 Tubing Depth 9,950'
Perforations 9,909-9,913; 9,918-9,924 - 5/8 2 shots per foot Depth Casing Shoe 10,000'
TUBING, CASING, AND CEMENTING RECORD
HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT
17-1/2" 13-3/8" 400' 400
11 " 8-5/8" 4,200' 1500
7-7/8" 5-1/2" 10,000' 400

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 all able for this depth or be for full 24 hours)

Date First New Oil Run To Tanks 6-1-83 Date of Test 9-29-83 Producing Method (Flow, pump, gas lift, etc.) Pumping
Length of Test 24 hours Tubing Pressure 40# Casing Pressure 40# Choke Size NONE
Actual Prod. During Test 233 Oil - Bbls. 35 Water - Bbls. 198 Gas - MCF 26.51

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. 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 of President
President
10-5-83
(Date)

OIL CONSERVATION DIVISION

OCT 11 1983

APPROVED
BY ORIGINAL SIGNED BY
JERRY SEXTON
TITLE

This form is to be filed in compliance with RULE 1104.
If this is a request for allowable for a newly drilled or deepen well, this form must be accompanied by a tabulation of the deviat tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for allo able on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of own well name or number, or transporter, or other such change of condit Separate Forms C-104 must be filed for each pool in multip completed wells