

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

1. OPERATOR	
ECHO PRODUCTION, INC.	
Address P. O. BOX 1210 GRAHAM, TEXAS 76046	
Reason(s) for filing (Check proper box)	
New Well <input type="checkbox"/>	Change in Transporter of: <input type="checkbox"/>
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input checked="" type="checkbox"/> Condensate <input type="checkbox"/>
Other (Please explain) <i>Gas Connection</i>	

If change of ownership give name
and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name LOWE LAND CO.	Well No. 1	Pool Name, Including Formation KING, NORTH DEVONIAN	Kind of Lease State, Federal or Fee FEE	Lease No.
Location Unit Letter <u>C</u> ; <u>330</u> Feet From The <u>NORTH</u> Line and <u>2310</u> Feet From The <u>WEST</u>				
Line of Section <u>3</u> Township <u>13 S</u> Range <u>37 E</u> , NMPM, LEA 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"/>	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1183 HOUSTON, TEXAS 77001	
AMOCO PRODUCTION CO. TRUCK		
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) P. O. Box 1589 TULSA, OKLAHOMA 74101	
WARREN PETROLEUM CO.		
If well produces oil or liquids, give location of tanks.	Unit <u>C</u> Sec. <u>3</u> Twp. <u>13S</u> Rge. <u>37E</u>	Is gas actually connected? <u>YES</u> When <u>APRIL 1, 1985</u>

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)	<input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well	<input type="checkbox"/> New Well <input type="checkbox"/> Workover <input type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input type="checkbox"/> Some Other <input type="checkbox"/> Diff. Reent.
Date Spudded <u>11/3/84</u>	Date Compl. Ready to Prod. <u>2/4/85</u>	Total Depth <u>12,070</u>
Elevations (DF, RKB, RT, GR, etc.) <u>3890.3 GR</u>	Name of Producing Formation <u>DEVONIAN</u>	Top Oil/Gas Pay <u>11,934</u>
Perforations <u>11,934/11,952</u>		P.B.T.D. <u>12,069</u>
		Tubing Depth <u>11,042</u>
		Depth Casing Shoe

TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<u>17</u>	<u>12 3/4</u>	<u>410</u>	<u>325</u>
<u>11</u>	<u>8 5/8</u>	<u>4,565</u>	<u>1850</u>
<u>7 7/8</u>	<u>5 1/2</u>	<u>12,069</u>	<u>300</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 Tanks <u>1/14/85</u>	Date of Test <u>5/1/85</u>	Producing Method (Flow, pump, gas lift, etc.) <u>PUMP</u>	
Length of Test <u>24 HRS.</u>	Tubing Pressure	Casing Pressure <u>20</u>	Choke Size
Actual Prod. During Test <u>124</u>	Oil-Bbls. <u>124</u>	Water-Bbls. <u>0</u>	Gas-MCF <u>50</u>

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (shot-in)	Casing Pressure (shot-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]
(Signature)
OPERATIONS MANAGER
(Title)
5/31/85
(Date)

OIL CONSERVATION DIVISION

APPROVED JUN 10 1985, 19
BY ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT 1 SUPERVISOR
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 deviate 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 multiple-completed wells.