

DISTRICT II
P.O. Drawer DD, Artesia, NM 83210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

I. Operator
Pitts Energy Co. Well API No. 30 025 31152

Address
511 W. Ohio, #300 Midland, TX 79701

Reason(s) for Filing (Check proper box) ☐ Other (Please explain) **CASINGHEAD GAS MUST NOT BE**

New Well ☐ Change in Transporter of: ☐ **FLARED AFTER 4-14-92**

Recompletion ☒ Oil ☐ Dry Gas ☐ **UNLESS AN EXCEPTION TO R-4070**

Change in Operator ☐ Casinghead Gas ☐ Condensate ☐ **IS OBTAINED**

If change of operator give name and address of previous operator _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name Kendrick	Well No. 1	Pool Name, including Formation Gladiola Wolfcamp	Kind of Lease State, Federal or <u>Fee</u>	Lease No.
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Location
Unit Letter J : 1650 Feet From The East Line and 1500 Feet From The South Line

Section 5 Township 12-S Range 38-E , 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"/> Scurlock Permian	Address (Give address to which approved copy of this form is to be sent) Box 4648 Houston, TX 77210
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Phillips <u>66 Natl Gas</u>	Address (Give address to which approved copy of this form is to be sent) 4001 Penbrook Odessa, TX 79760

If well produces oil or liquids, give location of tanks.	Unit J	Sec. 5	Twp. 12S	Rge. 38E	Is gas actually connected? no	When ?
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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 <input type="checkbox"/>	New Well <input type="checkbox"/>	Workover <input checked="" type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input checked="" type="checkbox"/>	Same Res'v <input type="checkbox"/>	Diff Res'v <input checked="" type="checkbox"/>
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Date Spudded 5/6/91	Date Compl. Ready to Prod. 2/12/92	Total Depth 11,960	P.B.T.D. 11,865
Elevations (DF, RKB, RT, GR, etc.) 3861 GR	Name of Producing Formation Wolfcamp	Top Oil/Gas Pay 9468	Tubing Depth 9468
Perforations 9468 - 9677 (25 holes)			Depth Casing Shoe

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17½	13 3/8	378	420
11	8 5/8	4494	1410
7 7/8"	5½	11952	2310

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 2/14/92	Date of Test	Producing Method (Flow, pump, gas lift, etc.) pump
Length of Test 24 hrs	Tubing Pressure	Casing Pressure 20 #
Actual Prod. During Test 117	Oil - Bbls. 21	Water - Bbls. 96
		Gas - MCF TSTM

GAS WELL

Actual Prod. Test - MMCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (prior, back pr.)	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 Julie Jeffreys Operations Clerk
Printed Name 2/18/92 Title 915/682-4101
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved _____

By _____

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.

RECEIVED

FEB 20 1992

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FEB 19 1992

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