

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) <input type="checkbox"/> Other (Please explain)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
If change of operator give name and address of previous operator	

CASINGHEAD GAS MUST NOT BE FLARED AFTER 11-1-91 UNLESS AN EXCEPTION TO R-4070 IS OBTAINED.

II. DESCRIPTION OF WELL AND LEASE

Lease Name Kendrick	Well No. 1	Pool Name, Including Formation Gladiola Devonian	Kind of Lease State, Federal or Fee	Lease No.
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 Corp	Address (Give address to which approved copy of this form is to be sent) Box 1183 Houston, TX 77251			
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Phillips 66 Natural Gas	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. 12-S	Rge. 38-E
Is gas actually connected?		When?		
no		after Sept. 1, 1991		

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 5/6/91	Date Compl. Ready to Prod. 6/19/91		Total Depth 11,960		P.B.T.D. 11,959			
Elevations (DF, RKB, RT, GR, etc.) 3861 GR	Name of Producing Formation Devonian		Top Oil/Gas Pay 11847		Tubing Depth 11847			
Perforations Open Hole 11847-11959					Depth Casing Shoe 11,950			

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17 1/2"	13 3/8"	378	420
11"	8 5/8"	4494	1410
7 7/8"	5 1/2"	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 8/17/91	Date of Test 8/18/91	Producing Method (Flow, pump, gas lift, etc.) pump	
Length of Test 24 hrs	Tubing Pressure ---	Casing Pressure 20#	Choke Size n/a
Actual Prod. During Test 148	Oil - Bbls. 22	Water - Bbls. 126	Gas - MCF TSTM

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. 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 Gregory S. Pitts Vice President  
Printed Name Gregory S. Pitts Title  
Date 8/27/91 Telephone No. 915/682-4101

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.