

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. OPERATOR

Threshold Development Company

Address

Suite II-A, 777 Taylor St., Fort Worth, Texas 76102

Reason(s) for filing (Check proper box)

New Well ☐
Recompletion ☐
Change in Ownership ☐

Change in Transporter of:

Oil ☐
Casinghead Gas ☐Dry Gas ☐
Condensate ☒

Other (Please explain)

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	Fee	Lease
Harris "14"	1	South Tanneyhill-Granite Wash Gas	State, Federal or Fee		
Location					
Unit Letter	B	660 Feet From The north	Line and	1980	Feet From The east
Line of Section	14	Township	6S	Range	33E
				NMPM,	Roosevelt
					Cou

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☒	Address (Give address to which approved copy of this form is to be sent)	
The Permian Corporation	P. O. Box 1183, Houston, Texas 77002	
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐	Address (Give address to which approved copy of this form is to be sent)	
Cities Service	P. O. Box 300, Tulsa, Oklahoma 74102	
If well produces oil or liquids, give location of tanks.	Unit	Sec.
	B	14
	Twp.	6S
	Range	33E
	Is gas actually connected?	When
	yes	8-18-72

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res't.	Diff. F
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Perforations					Depth Casing Shoe			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

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
able for this depth or be for full 24 hours)

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pust, 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.Susan Perkins
(Signature)

Production Analyst

(Title)

9-21-82

(Date)

OIL CONSERVATION DIVISION

SEP 29 1982

APPROVED

BY Eddie W. Dean
TITLE OIL & GAS INSPECTORThis form is to be filed in compliance with RULE 1104.
If this is a request for allowable for a newly drilled or de-
well, this form must be accompanied by a tabulation of the de-
tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for
able on new and recompleted wells.Fill out only Sections I, II, III, and VI for change of
well name or number, or transporter, or other such change of con-
Separate Form C-104 must be filed for each pool in u

RECEIVED

SEP 28 1982

O.C.D.
HOBBS OFFICE