

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

**REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS**

NO. OF COPIES REQUIRED		
DISTRIBUTION		
RENTAL		
FILE		
U.S.U.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRODUCTION OFFICE		

I. OPERATOR

Operator: AMERICAN CRUDE, INC.

Address: 2221 WEST LOOP SOUTH, HOUSTON, TEXAS 77027-3501

Reason(s) for filing (Check proper box):

New Well <input checked="" type="checkbox"/>	Change in Transporter of:	Other (Please explain)
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>

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

II. DESCRIPTION OF WELL AND LEASE

R-7158 (1-1-83)

Lease Name <u>STATE "17"</u>	Well No. <u>1</u>	Pool Name, Including Formation <u>J. Peterson Penn Cisco</u>	Kind of Lease State, Federal or Fee <u>State</u>	Lease No. <u>L-674</u>
Location				
Unit Letter <u>A</u>	<u>660</u> Feet From The <u>North</u> Line and <u>900</u> Feet From The <u>East</u>			
Line of Section <u>17</u>	Township <u>6S</u>	Range <u>34 E</u>	NMPM, <u>Roosevelt</u>	Count

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)
<u>Phillips Petroleum Company</u>	<u>4001 Pennbrook St, Odessa, Texas 79762</u>
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)
<u>N/A</u>	
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
	<u>A 17 6S 34E</u>

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 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 <u>10-29-81</u>	Date Compl. Ready to Prod. <u>6-15-82</u>	Total Depth <u>8232</u>		P.B.T.D. <u>7750'</u>				
Elevations (DF, RKB, RT, GR, etc.) <u>KB4365'-GR4354'</u>	Name of Producing Formation <u>Penn Cisco</u>	Top Oil/Gas Pay <u>7610</u>		Tubing Depth <u>7700'</u>				
Perforations <u>7610-12, 7626-32, 7642-56, 7686-94, 7708-14</u> <u>7852-64, 7814-22, 7780-88, 7760-66</u>				Depth Casing Shoe				

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
	<u>2-3/8"</u>	<u>7700</u>	
<u>14-3/4</u>	<u>13-3/8</u>	<u>377</u>	<u>200 sks/C</u>
<u>12-1/4</u>	<u>8-5/8</u>	<u>3300</u>	<u>2540 sks/HL - 200 sks</u>
<u>7-7/8</u>	<u>4-1/2</u>	<u>8178</u>	<u>450 sks/HL - 200 sks</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 all able for this depth or be for full 24 hours)

Date First New Oil Run To Tanks <u>6-15-82</u>	Date of Test <u>8-20-82</u>	Producing Method (Flow, pump, gas lift, etc.) <u>Pump</u>	
Length of Test <u>24 Hours</u>	Tubing Pressure <u>N/A</u>	Casing Pressure <u>40</u>	Choke Size <u>N/A</u>
Actual Prod. During Test <u>19.58</u>	Oil-Bbls. <u>19.58</u>	Water-Bbls. <u>38</u>	Gas-MCF <u>TSTM</u>

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (puot, 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.

Marsha Bradshaw
(Signature)
Operations Coordinator
(Title)
September 3, 1982
(Date)

OIL CONSERVATION DIVISION

APPROVED OCT 13 1982, 19____
BY Eddie W. King
OIL & GAS INSPECTOR
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 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 conditions.

Separate Forms C-104 must be filed for each pool in multiple completed wells.

RAILROAD COMMISSION OF TEXAS OIL AND GAS DIVISION

F 15-1-10
10-1-10

INCLINATION REPORT (One Copy Must Be Filed With Each Completion Report.)		6. RRC District
1. FIELD NAME (as per RRC Records or Wildcat)	2. LEASE NAME	7. RRC Lease Number (Oil completions only)
3. OPERATOR	4. ADDRESS	8. Well Number
5. LOCATION (Section, Block, and Survey)		9. RRC Identification Number (Gas completions only)
		10. County

1. FIELD NAME: American Crude
 2. LEASE NAME: Section 17
 3. OPERATOR: American Crude
 4. ADDRESS: 1500 West Loop South Houston Tx
 5. LOCATION: 660 FNB, 900 FEB, Section 17 T6S R34E
 6. RRC District:
 7. RRC Lease Number:
 8. Well Number: 1
 9. RRC Identification Number:
 10. County: Ross

RECORD OF INCLINATION

*11. Measured Depth (feet)	12. Course Length (Hundreds of feet)	*13. Angle of Inclination (Degrees)	14. Displacement per Hundred Feet (Sine of Angle X100)	15. Course Displacement (feet)	16. Accumulative Displacement (feet)
052	1052	1/2°	.87	9.15	9.15
1302	250	1°	1.75	4.38	13.53
1434	132	1/4°	.44	.58	14.11
1566	514	1/2°	.87	4.47	18.58
1698	527	3/4°	1.32	6.96	25.54
1830	494	3/4°	1.32	6.52	32.06
1962	331	1 1/2°	2.19	7.25	39.31
2094	673	1/4°	.44	2.98	42.29
2226	172	3/4°	1.32	2.27	44.56
2358	0	3/4°	1.32	1.32	45.88
2490	462	1°	1.75	8.09	53.97
2622	265	1°	1.75	6.44	60.41
2754	206	1°	1.75	3.61	64.02
2886	384	3/4°	1.32	5.07	69.09
3018	551	3/4°	1.32	7.27	76.36
3150	294	3/4°	1.32	3.88	80.24

If additional space is needed, use the reverse side of this form.

17. Is any information shown on the reverse side of this form? ☒ yes ☐ no
18. Accumulative total displacement of well bore at total depth of 8232 feet = 11204 feet.
- *19. Inclination measurements were made in - ☐ Tubing ☐ Casing ☐ Open hole ☒ Drill Pipe
20. Distance from surface location of well to the nearest lease line 660 feet.
21. Minimum distance to lease line as prescribed by field rules _____ feet.
22. Was the subject well at any time intentionally deviated from the vertical in any manner whatsoever? _____
- (If the answer to the above question is "yes", attach written explanation of the circumstances.)

<p>INCLINATION DATA CERTIFICATION</p> <p>I declare under penalties prescribed in Sec. 91.143, Texas Natural Resources Code, that I am authorized to make this certification, that I have personal knowledge of the inclination data and facts placed on both sides of this form and that such data and facts are true, correct, and complete to the best of my knowledge. This certification covers all data as indicated by asterisks (*) by the item numbers on this form.</p> <p>_____ Signature of Authorized Representative</p> <p>_____ Name of Person and Title (type or print)</p> <p>_____ Name of Company</p> <p>Telephone: <u>806 249-5324</u> Area Code</p>	<p>OPERATOR CERTIFICATION</p> <p>I declare under penalties prescribed in Sec. 91.143, Texas Natural Resources Code, that I am authorized to make this certification, that I have personal knowledge of all information presented in this report, and that all data presented on both sides of this form are true, correct, and complete to the best of my knowledge. This certification covers all data and information presented herein except inclination data as indicated by asterisks (*) by the item numbers on this form.</p> <p>_____ Signature of Authorized Representative</p> <p>_____ Name of Person and Title (type or print)</p> <p>_____ Operator</p> <p>Telephone: _____ Area Code</p>
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Railroad Commission Use Only:

Approved By: _____ Title: _____ Date: _____

* Designates items certified by company that conducted the inclination surveys.

RECORD OF INCLINATION (Continued from reverse side)

[illegible]

If additional space is needed, attach separate sheet and check here. ☐

REMARKS: _____

- INSTRUCTIONS -

An inclination survey made by persons or concerns approved by the Commission shall be filed on a form prescribed by the Commission for each well drilled or deepened with rotary tools or when, as a result of any operation, the course of the well is changed. No inclination survey is required on wells that are drilled and completed as dry holes that are plugged and abandoned. (Inclination surveys are required on re-entry of abandoned wells.) Inclination surveys must be made in accordance with the provisions of Statewide Rule 11.

This report shall be filed in the District Office of the Commission for the district in which the well is drilled, by attaching one copy to each appropriate completion for the well. (except Plugging Report)

The Commission may require the submittal of the original charts, graphs, or discs, resulting from the surveys.