

DEPARTMENT	
DIVISION	
SANTA FE	
FILE	
U.S.O.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator OGR Operating Co., Inc.	
Address 1140 2 First City Center Midland, Texas 79701	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
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"/>

If change of ownership give name and address of previous owner \_\_\_\_\_

DESCRIPTION OF WELL AND LEASE

Lease Name Roosevelt 9 State	Well No. 1	Pool Name, including Formation East Tanneyhill-Fusselman	Kind of Lease State, Federal or Fee State	Lease No. V-760
Location Unit Letter L : 1980 Feet From The South Line and 990 Feet From The West				
Line of Section 9 Township 6S Range 34E , NMPM, Roosevelt County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> The Permian Corporation	Address (Give address to which approved copy of this form is to be sent) P. O. Box 3119, Midland, Texas 79702	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Warren Petroleum	Address (Give address to which approved copy of this form is to be sent) 1 Petroleum P. O. Box 1589, Tulsa, Okla. 74102	
If well produces oil or liquids, give location of tanks.	Unit L Sec. 9 Twp. 6S Rge. 34E	Is gas actually connected? yes When 1-13-84

If this production is commingled with that from any other lease or pool, give commingling order number: NA

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 11-26-83	Date Compl. Ready to Prod. 1-3-84		Total Depth 8150'		P.B.T.D. 7965'			
Elevations (DF, RKB, RT, GR, etc.) 4361.4GL	Name of Producing Formation Fusselman		Top Oil/Gas Pay 7816'		Tubing Depth			
Perforations 7886'-7900'					Depth Casing Shoe 8085'			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/4"	8-5/8"	1961'	930
7-7/8"	5-1/2"	8085'	825
	2-3/8"	7782'	NA

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 1-4-84	Date of Test 1-5-84	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 24 hrs	Tubing Pressure 150	Casing Pressure 0	Choke Size 21/64"
Actual Prod. During Test	Oil-Bbls. 231	Water-Bbls. 2	Gas-MCF 931

GAS WELL

Actual Prod. Test-MCF/C	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

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.

Mickey Nelson  
(Signature)  
Agent for OGR Operating Co., Inc.  
4-6-84  
(Date)

OIL CONSERVATION DIVISION	
APPROVED <u>APR 17 1984</u> , 19	
BY <u>ORIGINAL SIGNED BY JERRY SEXTON</u>	
DISTRICT I 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 deviation 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 multiply completed wells.	

RECEIVED

APR 16 1904

O.C.D.  
HOBBS OFFICE