

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

| | |
|------------------------|--|
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| SANTA FE | |
| FILE | |
| MAIL ROOM | |
| LAND OFFICE | |
| TRANSPORTER | |
| OIL | |
| GAS | |
| OPERATOR | |
| OPERATION OFFICE | |
| Operator | |

Blanco Engineering, Inc.

Address
P.O. Box 348 - Artesia, NM 88210

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

DESCRIPTION OF WELL AND LEASE

| | | | | |
|--|---------------|--|--|---------------------|
| Lease Name New Mexico S | Well No. 1 | Pool Name, Including Formation North Anderson ^{patch} Wolfcamp | Kind of Lease State, Federal or Fee State | Lease No. NM2979 |
| Location Unit Letter <u>B</u> : <u>1650</u> Feet From The <u>East</u> Line and <u>990</u> Feet From The <u>North</u> Line of Section <u>2</u> Township <u>16-S</u> Range <u>32-E</u> , NMPM, <u>Lea</u> County | | | | |

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

| | | | | | | |
|--|--|------------------|--------------------|--------------------|--|------------------------|
| Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Shell Pipeline Company <u>Navajo Refining</u> | Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 1919 - Midland, TX 79722</u> | | | | | |
| Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Conoco Inc. | Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 460 - Hobbs, NM 88240</u> | | | | | |
| If well produces oil or liquids, give location of tanks. | Unit <u>B</u> | Sec. <u>2</u> | Twp. <u>16S</u> | Rge. <u>32E</u> | Is gas actually connected? <u>yes</u> | When <u>4-27-70</u> |

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

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 type="checkbox"/> | Same Res'v. <input type="checkbox"/> | Diff. Res'v. <input checked="" type="checkbox"/> |
| Date Spudded <u>8-5-57</u> | Date Compl. Ready to Prod. <u>10-16-57</u> | Total Depth <u>13509</u> | P.B.T.D. <u>9750</u> | | | | | |
| Elevations (DF, RKB, RT, GR, etc.) <u>4297 GR</u> | Name of Producing Formation <u>Wolfcamp</u> | Top Oil/Gas Pay <u>9706</u> | Tubing Depth <u>9699 - 2 1/2"</u> | | | | | |
| Perforations <u>9706-9710 (8 shots)</u> | | | Depth Casing Shoe <u>13509</u> | | | | | |

TUBING, CASING, AND CEMENTING RECORD

| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT |
|---------------|----------------------|--------------|------------------|
| <u>17 1/2</u> | <u>13 3/8</u> | <u>462</u> | <u>430 circ</u> |
| <u>12 1/4</u> | <u>9 5/8</u> | <u>4122</u> | <u>2100 circ</u> |
| <u>9</u> | <u>7 5/8</u> | <u>10425</u> | <u>350</u> |
| <u>6 3/4</u> | <u>5 1/2 liner</u> | <u>13420</u> | <u>450</u> |
| <u>4 3/4</u> | <u>4</u> | <u>13509</u> | <u>80</u> |

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 <u>9-19-90</u> | Date of Test <u>9-20-90</u> | Producing Method (Flow, pump, gas lift, etc.) <u>Pump</u> | |
| Length of Test <u>24</u> | Tubing Pressure <u>40</u> | Casing Pressure <u>40</u> | Choke Size <u>Open</u> |
| Actual Prod. During Test <u>322</u> | Oil - Bbls. <u>181</u> | Water - Bbls. <u>141</u> | Gas - MCF <u>72 MCF</u> |

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 |

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.

Sam White
(Signature)

Engineer

(Title)

September 20, 1990

(Date)

OIL CONSERVATION DIVISION

APPROVED SEP 20 1990, 19BY ORIGINAL SIGNATURE OF SECTION

DIRECTOR

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.