

# OIL CONSERVATION DIVISION

P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

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

Operator <u>Polaris Production Corp.</u>		Well API No. <u>30-025-05125</u>
Address <u>P. O. Box 1749, Midland, TX 79702</u>		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain) <u>CASINGHEAD GAS MUST NOT BE</u>		
New Well <input type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	FLARED AFTER <u>4-1-90</u> UNLESS AN EXCEPTION TO R-407Q IS OBTAINED.
Recompletion <input checked="" type="checkbox"/>		
Change in Operator <input type="checkbox"/>		
If change of operator give name and address of previous operator		

## II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Buckley "B"</u>	Well No. <u>2</u>	Pool Name, Including Formation <u>Denton Pennsylvanian</u>	Kind of Lease State, Federal or <u>Lease</u>	Lease No.
Location Unit Letter <u>D</u> : <u>990</u> Feet From The <u>North</u> Line and <u>330</u> Feet From The <u>West</u> Line Section <u>25</u> Township <u>14</u> South Range <u>37</u> East, NMPM, <u>Lea</u> 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"/> <u>Pride Pipeline Company</u>	Address (Give address to which approved copy of this form is to be sent) <u>P. O. Box 2436, Abilene, TX 79604</u>	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>J. L. Davis</u>	Address (Give address to which approved copy of this form is to be sent) <u>211 N. Colorado, Midland, TX 79701</u>	
If well produces oil or liquids, give location of tanks.	Unit <u>E</u>	Sec. <u>25</u>
	Twp. <u>14</u>	Rge. <u>37</u>
	Is gas actually connected? <u>No</u> When ?	
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	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
	<u>X</u>					<u>X</u>		<u>X</u>
Date Spudded <u>1-12-90</u>	Date Compl. Ready to Prod. <u>1-20-90</u>		Total Depth <u>12,605'</u>		P.B.T.D. <u>12,020'</u>			
Elevations (DF, RKB, RT, GR, etc.) <u>3812' GR</u>	Name of Producing Formation <u>Pennsylvanian</u>		Top Oil/Gas Pay <u>11,080'</u>		Tubing Depth <u>11,100'</u>			
Perforations <u>11,100-11,108' and 11,130-11,138'</u>					Depth Casing Shoe <u>12,461'</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>373'</u>		<u>400 sx</u>			
<u>11"</u>	<u>8 5/8"</u>		<u>4774'</u>		<u>2600 sx</u>			
<u>7 7/8"</u>	<u>5 1/2"</u>		<u>12,457'; CIBP @ 12,100'</u>		<u>900 sx</u>			
<u>---</u>	<u>2 7/8"</u>		<u>11,100'</u>		<u>---</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 allowable for this depth or be for full 24 hours.)			
Date First New Oil Run To Tank <u>1-20-90</u>	Date of Test <u>1-20-90</u>	Producing Method (Flow, pump, gas lift, etc.) <u>Pump</u>	
Length of Test <u>24 hrs.</u>	Tubing Pressure <u>20</u>	Casing Pressure <u>20</u>	Choke Size <u>---</u>
Actual Prod. During Test	Oil - Bbls. <u>33</u>	Water - Bbls. <u>55</u>	Gas- MCF <u>30</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

## 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 Nancy Stacks Agent  
Printed Name Nancy Stacks Title  
Date 2-23-90 Telephone No. (915) 684-8248

OIL CONSERVATION DIVISION  
**FEB 27 1990**

Date Approved

By ORIGINAL SIGNED BY JERRY SEXTON  
DISTRICT I SUPERVISOR

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.

RECEIVED

FEB 26 1990

CCC  
HOBBS OFFICE