

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 RECEIVED	
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SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PROMOTION OFFICE	

Operator **Tipton & Denton**

Address **% Oil Reports AND Gas Service, Box 763, Hobbs, New Mexico 88240**

Reason(s) for filing (Check proper box) New Well Re-entry Change in Transporter of: Oil Dry Gas Change in Ownership Casinghead Gas Condensate Other (Please explain)

If change of ownership give name and address of previous owner

I. DESCRIPTION OF WELL AND LEASE

Lease Name Kennitz Lower Wolfcamp East Unit	Well No. 6	Pool Name, including Formation Kennitz Lower Wolfcamp	Kind of Lease State, Federal or Fee State	Lease No. E-10160
Location Unit Letter M ; 660 Feet From The south Line and 660 Feet From The west				
Line of Section 22 Township 16S Range 34E , NMPM, Lea County				

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Mobil Pipeline Company by trucks	Address (Give address to which approved copy of this form is to be sent) P.O. Box 900, Dallas, Texas 75221					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> Phillips Petroleum Company	Address (Give address to which approved copy of this form is to be sent) Bartlesville, Oklahoma 74003					
If well produces oil or liquids, give location of tanks.	Unit M	Sec. 22	Twp. 16S	Rge. 34E	Is gas actually connected? Yes	When 8/27/81

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

III. 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 Re-entered 8/11/81	Date Compl. Ready to Prod. 8/27/81		Total Depth 10,860		P.B.T.D. 10,790			
Elevations (DF, RKB, RT, GR, etc.) 4090 GR	Name of Producing Formation Wolfcamp		Top Oil/Gas Pay 10,734		Tubing Depth 10,780			
Perforations 10,734---10,738					Depth Casing Shoe			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/2	10 3/4	415	400
8 3/4	7 5/8	4530	450
6 3/4	4 1/2	10,957	400

IV. 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 8/27/81	Date of Test 9/7/81	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hours	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test 135 bbls Fluid	Oil - Bbls. 30	Water - Bbls. 105	Gas - MCF 70

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

V. 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.

Henry Walker
(Signature)

Agent

9/9/81

(Title)

(Date)

OIL CONSERVATION DIVISION

APPROVED _____, 19__

BY *Jerry Denton*

TITLE *Dist. In Charge*

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.