

REQUEST FOR ALLOWABLE

AND

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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

I.

Operator C & K Petroleum, Inc.		
Address 607 Midland National Bank Bldg, Midland, Texas 79701		
Reason(s) for filing (Check proper box)		Other (Please explain)
New Well <input checked="" type="checkbox"/>	Change in Transporter of:	CASINGHEAD GAS MUST NOT BE FLARED AFTER 8/1/75 UNLESS AN EXCEPTION TO R-4070 IS OBTAINED.
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 ownerTHIS WELL HAS BEEN PLACED IN THE POOL
DESIGNATED BELOW. IF YOU DO NOT CONCUR
NOTIFY THIS OFFICE.

II. DESCRIPTION OF WELL AND LEASE

Lease Name Shipp "34"	Well No. 1	Pool Name, Including Formation Undesignated-Drinkard	Kind of Lease State, Federal or Fee Fee
Location			
Unit Letter <u>OK</u> ; 1980 Feet From The South Line and 1980 Feet From The West			
Line of Section 34, Township 16-S, Range 37-E, NMPM, Lea 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"/>	Address (Give address to which approved copy of this form is to be sent)	
Western Crude Oil, Inc.	P. O. Box 1142, Midland, Texas 79701	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
Tipperary Corp.	500 W. Illinois, Midland, Texas 79701	
If well produces oil or liquids, give location of tanks.	Unit 0	Sec. 34
	Twp. 16-S	Rge. 37-E
	Is gas actually connected? 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 <input type="checkbox"/>	New Well <input 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 4-20-75	Date Compl. Ready to Prod. 6-1-75		Total Depth 8805		P.B.T.D. 8765			
Pool Undesignated	Name of Producing Formation Drinkard		Top Oil/Gas Pay 8145		Tubing Depth 8075			
Perforations 8148-8274					Depth Casing Shoe 8805			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17-1/2"	13-3/8"		353		350 sx. - circ.			
11"	8-5/8"		4228		600 sx.			
7-7/8"	4-1/2"		8805		740 sx.			
4-1/2"	2-3/8" fhg		8075					

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 oil volume for this depth or be for full 24 hours)

Date First New Oil Run To Tanks 6-1-75	Date of Test 6-3-75	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 24 hrs	Tubing Pressure 210	Casing Pressure -0-	Choke Size 24/64"
Actual Prod. During Test	Oil-Bbls. 531	Water-Bbls. -0-	Gas-MCF 253.3

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MACF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

OIL CONSERVATION COMMISSION

APPROVED _____, 19

BY John W. Runyan

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 all wells on new and recompleted wells.

Fill out Sections I, II, III, and VI only 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 multi-completed wells.

Administrative Supervisor

June 4, 1975

(Date)

RECEIVED

JUN 6 1975

U.S. DEPT. OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION
WASHINGTON, D.C. 20535