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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	NATURAL GAS
OPERATOR	
PRODUCTION OFFICE	

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

U. S. Operating, Inc.

Address

2709 North Big Spring Street; Midland, Texas 79701

Reason(s) for filing (Check proper box)

New Well	<input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

Other (Please explain)

If change of ownership give name and address of previous owner Rhonda Operating Company; 511 N. Main St.; Midland, Texas 79701

## DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease
Leavelle	1	Undesignated	State, Federal or Fee	Fee
Location				
Unit Letter	B	Feet From The	North	Line and
	660		1980	Feet From The
			East	
Line of Section	23	Township	16 S	Range
			35 E	NMPM,
			Lea	County

## DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil	or Condensate	Address (Give address to which approved copy of this form is to be sent)
Koch Oil Company	<input checked="" type="checkbox"/>	P. O. Box 2256; Wichita, Kansas 67201
Name of Authorized Transporter of Casinghead Gas	or Dry Gas	Address (Give address to which approved copy of this form is to be sent)
Tipperary Corporation	<input checked="" type="checkbox"/>	P. O. Box 3179; Midland, Texas 79702
If well produces oil or liquids, give location of tanks.	Unit	Sec.
	B	23
		16S
		35E
		No

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'tv.	Diff.
		X	X					
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
6-9-80	12-5-80	12160'	12156'					
Elevations (DF, RAB, RT, CR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
3984.5 RKB	Mississippian	12091'	12056'					
Perforations	Producing	Depth Casing Shoe						
12091' - 12102'	Squeeze Cemented	12160'						
11932' - 11949'								

## TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17-1/2"	13-3/8"	423'	500 sacks
11 "	8-5/8"	4260'	1400 sacks
7-7/8"	5-1/2"	12160'	500 sacks
	2-3/8"	12056'	

## 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 able for this depth or be for full 24 hours)

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)
Sept. 4, 1980	Sept. 8, 1980	Flowing
Length of Test	Tubing Pressure	Casing Pressure
		Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.
		Gas - MCF

## GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
59.969	4 hours	8.1	54.4
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
Back Pressure	2300	Zero (packed)	3/4"

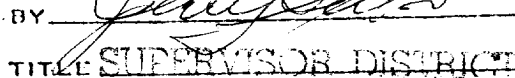
## CERTIFICATE OF COMPLIANCE

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.

Drilling Superintendent  
(Title)December 18, 1980  
(Date)

## OIL CONSERVATION DIVISION

APPROVED \_\_\_\_\_, 19

BY   
TITLE SUPERVISOR DISTRICT

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deep well, this form must be accompanied by a tabulation of the dev 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 only Sections I, II, III, and VI for changes of well name or number, or transporter, or other such change of conditions.

Separate Forms C-104 must be filed for each pool in multi-completed wells.