

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

Operator
C. F. QualiaAddress
c/o Oil Reports & Gas Services, Box 763, Hobbs, NM 88240

Reason(s) for filing (Check proper box)

New Well ☐
Recompletion ☐
Change in Ownership ☐

Change in Transporter of:

Oil ☐ Dry Gas ☐
Casinghead Gas ☐ Condensate ☐

Other (Please explain)

CASINGHEAD GAS MUST NOT BE
FLARED AFTER 11/1/81
UNLESS AN EXCEPTION TO R-4070
IS OBTAINED.If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name State 23	Well No. 1	Pool Name, including Formation Wildcat Wolfcamp	Kind of Lease State, Federal or Fee	State	Lease No. LC-4193
Location Unit Letter K : 1980 Feet From The South Line and 1000 Feet From The West Line of Section 23 Township 15S Range 34E, NMPL, LEA County					

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> LaJet, Inc	Address (Give address to which approved copy of this form is to be sent) P.O. Box 5198, Abilene, Texas 79605	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> Contract being considered	Address (Give address to which approved copy of this form is to be sent)	
If well produces oil or liquids, give location of tanks.	Unit K	Sec. 23
	Twp. 15S	Rge. 34E
	Is gas actually connected? No	
	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 <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'y.	Diff. Res'y.
Date Spudded 2/1/81	Date Comm. Ready to Prod. 5/28/81	Total Depth 10,700	P.B.T.D. 10,620					
Elevations 4883-4885 (T, GR, etc.)	Name of Producing Formation Wolfcamp	Top Oil/Gas Pay 10,370	Tubing Depth 10,393					
Perforations 10,320-10,342	Depth Casing Shoe							

TUBING, CASING, AND CEMENTING RECORD

17 1/2 SIZE	CASING & TUBING SIZE 12 3/4	DEPT. SET 550	SACKS 955
11	8 5/8	400	2275
7 7/8	4 1/2	10,700	400
	2 3/8	10,393	

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)

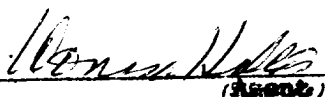
Date First Test 5/28/81 To Tanks	Date of Test 9/15/81	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hours	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls. 58.48	Water-Bbls. 4	Gas-MCF 132

GAS WELL

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

VI. 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.


(Agent)

9/17/81

(Date)

OIL CONSERVATION DIVISION

SEP 18 1981

APPROVED _____, 19

BY _____
Orig. Signed By
Jerry SextonTITLE _____
Dist 1, Supv.

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 Form C-104 must be filed for each pool in multiple completed wells.