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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator
Kennedy & Mitchell, Inc.
Address
P.O. Box 27D
Reason(s) for filing (Check proper box)
New Well ☒ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐
Other (Please explain)
CASINGHEAD GAS MUST NOT BE
FLARED AFTER 11/1/83
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 Tilley 758	Well No. 3	Pool Name, including Formation Shoebar Res.	Kind of Lease State, Federal or Fee	Fee	Lease No.
Location Unit Letter N : 330 Feet From The South Line and 1815 Feet From The West Line of Section 26 Township 16S Range 35E , 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"/> Texas-New Mexico Pipe Line Company	Address (Give address to which approved copy of this form is to be sent) Box 2528 Hobbs, NM.				
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Warren Petroleum Corporation	Address (Give address to which approved copy of this form is to be sent) Box 1150 Midland, TX 79701				
If well produces oil or liquids, give location of tanks.	Unit N	Sec. 26	Twp. 16S	Rge. 35E	Is gas actually connected? When No 1/1/83

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'v.	Diff. Res
Date Spudded 8/30/82	Date Compl. Ready to Prod. 10/27/82		Total Depth 12,558'		P.B.T.D. --			
Elevations (DF, RKB, RT, GR, etc.) 3965' GL	Name of Producing Formation Devonian		Top Oil/Gas Pay 12,508'		Tubing Depth 12,473'			
Perforations 12,508'-12,558' open-hole					Depth Casing Shoe 12,508'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
13-3/8"	13-3/8"		378'		375			
12 1/4"	8-5/8"		4,851'		2300			
7-7/8"	5 1/4"		12,508'		800			
	2-3/8"		12,473'					

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 Tanks 10/27/82	Date of Test 10/31/82	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 24 hours	Tubing Pressure 50#	Casing Pressure Pkr	Choke Size 13/64"
Actual Prod. During Test 86	Oil-Bbls. 86	Water-Bbls. 0	Gas-MCF TSTM

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. 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.

Robert A. Baker
(Signature)
Engineer
(Title)
11/1/82
(Date)

OIL CONSERVATION DIVISION

NOV 12 1982
APPROVED _____, 19____
BY Eldon W. Sen
TITLE OIL & GAS INSPECTOR

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 deviatric 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 multiple completed wells.

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O.C.D.
MOBBS OFFICE