

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 WELLS RECEIVED | |
| DISTRIBUTION | |
| SANTA FE | |
| FILE | |
| N.M.S.D. | |
| LAND OFFICE | |
| TRANSPORTER | |
| OIL | |
| NATURAL GAS | |
| OPERATOR | |
| REGISTRATION OFFICE | |
| Operator | |

Johnson and Price

Address
P. O. Box 1752, Midland, Texas 79702

Reason(s) for filing (Check proper box) Other (Please explain)

New Well Change in Transporter of: Oil Dry Gas
 Recompletion Coalhead Gas Condensate
 Change in Ownership

If change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE

| | | | |
|---|---------------|--|---|
| Lease Name Amoco-Stone | Well No. 1 | Pool Name, Including Formation Medicine Rock (Dev.) | Kind of Lease State, Federal or Fee Fee |
| Location Unit Letter <u>G</u> ; <u>1500</u> Feet From The <u>North</u> Line and <u>1980</u> Feet From The <u>East</u> Line of Section <u>22</u> Township <u>15-S</u> Range <u>38-E</u> , N.M.P.S. <u>Lea</u> County | | | |

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 Pipeline Co. | Address (Give address to which approved copy of this form is to be sent) P. O. Box 2528, Hobbs, New Mexico 88240 |
| Name of Authorized Transporter of Coalhead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> | 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 <u>G</u> Sec. <u>15</u> Twp. <u>15-S</u> Rge. <u>38-E</u> |
| Is gas actually connected? | When |

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 as last |
| Date Spudded | Date Compl. Ready to Prod. | Total Depth | P.B.T.D. | | | | |
| Elevations (DF, RAB, AT, GR, etc.) | Name of Producing Formation | Top Oil/Gas Pay | Tubing Depth | | | | |
| Perforations | Depth Casing Shoe | | | | | | |

TUBING, CASING, AND CEMENTING RECORD

| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT |
|-----------|----------------------|-----------|--------------|
| | | | |
| | | | |

TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(Test must be after recovery of total volume of lead oil and must be equal to or exceed top oil 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.) | |
| Length of Test | Tubing Pressure | Casing Pressure | Choke Size |
| Actual Prod. During Test | Oil-Bbls. | Water-Bbls. | Gas-MCF |

GAS WELL

| | | | |
|---|---------------------------|---------------------------|-----------------------|
| Producing Method (Flow, pump, gas lift, etc.) | Length of Test | Bbls. Condensate/MCF | Gravity of Condensate |
| Testing Method (pilot, back pr.) | Tubing Pressure (Shot-in) | Casing Pressure (Shot-in) | Choke Size |

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.


Tom E. Johnson (Signature)
Partner

December 13, 1983 (Date)

OIL CONSERVATION DIVISION

DEC 22 1983

APPROVED _____, 19
BY **ORIGINAL SIGNED BY JERRY SEXTON**
DISTRICT I SUPERVISOR

TITLE _____

This form is to be filed in compliance with rules and regulations.
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 newly drilled or deepened wells.
Fill out only sections I, II, III, and IV for a request of own well. Sections V, VI, VII, VIII, and IX are for a request of another well.