## STATE OF NEW MEXICO VERGY AND MINERALS DEPARTMENT

MOT AND WINTER		 
or topics bit	1746	
DISTRIBUTION		
SANTA FE		
FILE		
U.3.G.S.		
LAND OFFICE		
TRANSPORTER	ō	
	GAS	
OPERATOR		
PROBATION OFFICE		

## OIL CONSERVATION DIVISION P. O. BOX 2088 SANTA FE, NEW MEXICO 87501

LAND OFFICE	REQUEST F	OR ALLOWABLE	
TRANSPORTER GAS		AND ISPORT OIL AND NATURAL GAS	•
PRORATION OFFICE	TO THE TOTAL TOTAL TO THE TOTAL TOTAL TO THE TOTAL TOTAL TOTAL TOTAL TO THE TOTAL		
Sohio Petroleum C	ompany		4
Address 10 Desta Drive, S	uite 600 West, Midland, Te	xas 79705	
Reason(s) for filing (Check proper		Other (Please explain)	
New Well	Change in Transporter of:		
Recompletion Change in Ownership	Casinghead Gas Cond	Gas	
If change of ownership give name and address of previous owner	ne		
DESCRIPTION OF WELL A	ND LEASE   Well No.   Pool Name, Including	Formation Kind of Lea	
Montieth	1	ngton (Penn) State, Feder	71
Location		1000	
Unit Letter K	Township 16S Range	37E , NMPM, Le	
Name of Authorized Transporter o	ORTER OF OIL AND NATURAL G	Address (Give address to which appr	
Texas-New Mexico Pi		Box 2528, Hobbs, New	
Name of Authorized Transporter o	i Cosinghoad Gas or Dry Gas	Address (Give address to which appr	oved copy of this form is to be sent)
If well produces off or liquids, give location of tanks.	Unit Sec. Twp. Rge.  K 20 16S 37E	1	hen
If this production is commingled COMPLETION DATA	d with that from any other lease or pool		
Designate Type of Compl	etion - (X) Gas Well Gas Well	New Well Workover Deepen	Plug Back   Same Res'v. Diff. Res
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Elevations (DF, RKB, RT, GR, et	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
Perforations			Depth Casing Shoe
	TUBING, CASING, AN	ID CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
TEST DATA AND REQUEST	FOR ALLOWABLE (Test must be	after recovery of total volume of load of	i land must be equal to or exceed top all
OIL WELL Date First New Oil Run To Tanks		lepth or be for full 24 hows) Producing Method (Flow, pump, gas	ift, etc.)
·			
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bhia.	Water - Bbis.	Gas+MCF
	<u>l</u>	<u>, L</u>	
Actual Prod. Tool-MCF/D	Length of Teet	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-is)	Coulo Brown (5) and (5)	Chaha Rina
lesting method (pitol, sack pr.)	I mound bissens ( BURE-IN )	Cosing Pressure (Shut-in)	Choke Size
CERTIFICATE OF COMPLL	ANCE	OIL CONSERVA	TION DIVISION 8 1984
	nd regulations of the Oil Conservation		. 19
Division have been complied washove is true and complete to	vith and that the information given the best of my knowledge and belief.	BYORIGINAL SIGNED	BY JERRY SEXTON
	2	TITLE DISTRICT I	SUPERVISOR
KIM //.		This form is to be filed in	compliance with RULE 1104.
MAHMIN	70	well, this form must be accomp-	wable for a newly drilled or deepen anied by a tabulation of the deviati
,	iignature) Sunt.	tests taken on the well in acco	rdance with RULE 111.
	(Title)	able on new and recompleted w	
	/Data	Fill out only Sections 1. 1	I. III, and VI for changes of own- ter, or other such change of condition

MAY 25 984 ROSES OFFICE

R

## STATE OF NEW MEXICO MINETIALS DEPARTMENT

HGA WO MILLAFH	MEG U	10.77	****	A11"1
	11-10			
DISTRIBUTIO	) <del>H</del>			
SANTA FE			_	
116				ł
U.S.U.S.				ŀ
LAND OFFICE		_		
IMANSPORTER	DIL			ł
	Q A S			

## OIL CONSERVATION DIVISION P. O. BOX 2088 SANTA FE, NEW MEXICO 87501

U.S.U.S. LAND OFFICE  1 AMSPORTER OIL OPERATOR	REQUEST FOR AN AUTHORIZATION TO TRANSPO	D	RAL GA <b>S</b>		
Operation OFFICE	pany			,	
Address  10 Desta Drive Sui	te 600 West, Midland, Tex	as 79705		(	1
Resson(s) for liling (Check proper box)		Other (Please	explain)		
New Well	Change in Transporter of: Oil Dry Gas	to Supp	ly Date Gas	s Line was conr	nected
Recompletion Change in Ownership	Caeingheod Gas Condens	7			
f change of ownership give name and address of previous owner					
DESCRIPTION OF WELL AND I	.EASF.   Well No.   Pool Name, Including Fo	emation	Kind of Lease		Lease No.
Montieth	1 N.E. Lovingtor	4	State, Federal	or F•• Fee	<u>New</u>
Location	920 Courth	1980		West	
Unit Letter;;	830 Feet From The South Line	and 1900	Feet From Th	ne nest	
Line of Section 20 T.	mahip 16S Range	37Е , мирм	, Lea		County
DESIGNATION OF TRANSPORT	ER OF OIL AND NATURAL GAS	s		t and the form is to	h. cost
Name of Authorized Transporter of Cil	cr Condensate	Address (Give address	io which approve	ed copy of this form is to	oe senty
Name of Authorized Transporter of Cas	inghead Gas or Dry Gas	Address (Give address		· ·	be sent)
Phillips Petroleum Co	mpany	4001 Penbro		, Texas 79762	
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge.  K 20 16S 37E	Yes	i 	4/12/84	
If this production is commingled wit	h that from any other lease or pool, ;	give commingling orde	r number:		
COMPLETION DATA	Oil Well Gas Well	New Well Workover	Deepen	Plug Back   Same Res	'v. Diff. Res'v.
Designate Type of Completio	Date Compl. Ready to Prod.	Total Depth		P.B.T.D.	
Date Spudded				Tubing Depth	<u> </u>
Elevations (DF, RKB, RT., GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay		1 Ubing Depin	·
Perforations				Depth Casing Shoe	
	TUBING, CASING, AND	CEMENTING RECOR	₹D		
HOLE SIZE	CASING & TUBING SIZE	DEPTH S		SACKS CEM	ENT
TEST DATA AND REQUEST FO	OR ALLOWABLE (Test must be af able for this de	feer recovery of total volu pth or be for full 24 hour	<i>( )</i>		xceed top allow
OIL WELL Date First New Oil Run To Tanks	Date of Teet	Producing Method (Flo	υ, pump, gas lift	i, eic.)	
Length of Test	Tubing Pressure	Casing Pressure		Choke Size	
Actual Prod. During Test	Oil-Bble.	Water-Bbls.		Gas-MCF	
Action Prod. During 100.		<u> </u>			
OAC WELL					
Actual Prod. Teel-MCF/D	Length of Test	Bbls. Condensate/MMC	F →	Gravity of Condensate	
Testing Method (puot, back pr.)	Tubing Presewe (Shut-in)	Casing Pressure (5ba	t-in)	Choke Size	
CERTIFICATE OF COMPLIAN	CE	OIL C	CONSERVAT	ION DIVISION	
	regulations of the Oil Conservation	APPROVED APPROVED TITLE	PR 1919 AL SIGNED BY DISTRICT I SUP	JERRY SEXTON	19
MATALLE	atus)	This form is to the form is to the form mu	quest for allow- et be accompe- well in accor-	compliance with MUL cable for a newly drill nied by a tabulation of dance with MULE 11	led or despens of the deviatio 1.
Dist. Prod. Supt.	(12)	All e-ctions t	of this form mu	at be filled out compl ille.	etely for allow
4/17/84	ale)	Fill out only	Sections L. H	I III, and VI for the	nger of owner graf condition roul in multipl
		Separate Portional confidence wolls.	The same	•	

**ARCEIVED** 

1984

0,7,8. 20**46** : 03/403