

OIL CONSERVATION DIVISION  
P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501REQUEST 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	
PRORATION OFFICE	

I. Operator  
Kennedy & Mitchell, Inc.

Address  
P. O. Box 27D, Denver, CO 80227

Reason(s) for filing (Check proper box)

New Well	<input type="checkbox"/>	Change in Transporter of:	
Recompletion	<input type="checkbox"/>	Oil	<input checked="" 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)  
**CASINGHEAD GAS MUST NOT BE FIRED AFTER 10/19/84 UNLESS AN EXCEPTION TO R-4070 IS OBTAINED.**

If change of ownership give name and address of previous owner

THIS WELL HAS BEEN PLACED IN THE POOL DESIGNATED BELOW. IF YOU DO NOT CONCUR NOTIFY THIS OFFICE.

## II. DESCRIPTION OF WELL AND LEASE

Lease Name Eidson #56-959	Well No. 1	Pool Name, Including Formation N. Shoebar - Devonian	Kind of Lease State, Federal or Fee fee	Lease NA
Location Unit Letter C : 990 Feet From The North Line and 2310 Feet From The West Line of Section 15 Township 16S Range 35E, NMPM, Lea				

## III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> UPG, Inc.	Address (Give address to which approved copy of this form is to be sent) Three River Way, Suite 950, Houston, TX 77056					
Name of Authorized Transporter of Casinghead 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. Temp	Unit C	Sec. 15	Twp. 16S	Rge. 35E	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)	X	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. F
Date Spudded 3/18/84	Date Compl. Ready to Prod. 8/18/84	Total Depth 16,660'		P.B.T.D. 12,612'					
Elevations (DF, RKB, RT, CR, etc.) 3994' GL	Name of Producing Formation Devonian	Top Oil/Gas Pay 12,499'		Tubing Depth 8011'					
Perforations 12,499; 12,501; 12,502; 12,504; 12,508; 12,511; 12,513; 12,514; 12,535; 12,536; 12,538; 12,540; 12,541; 12,543; 12,546; 15 holes total				Depth Casing Shoe					
1/2" jets									
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
17 1/2"	13-3/8"		405'		400 sks				
12 1/2"	9-5/8"		4750'		1600 sks				
7-7/8"	5-1/2"		12,660'		1000 sks bottom stag				
					1000 sks in DV @ 874				

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

Date First New Oil Run To Tanks 8/19/84	Date of Test 8/24/84	Producing Method (Flow, pump, gas lift, etc.) pumping 1 1/2" bore rod pump	
Length of Test 24 hrs	Tubing Pressure --	Casing Pressure 10	Choke Size --
Actual Prod. During Test 37	Oil-Bbls. 37	Water-Bbls. 12	Gas-MCF 20

## GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (Flow, 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.

Richard E. Fromm  
(Signature)

Richard E. Fromm, Petroleum Engineer  
(Title)

8/31/84  
(Date)

## OIL CONSERVATION DIVISION

APPROVED SEP 4 1984, 19

BY ORIGINAL SIGNED BY JERRY SEXTON  
DISTRICT SUPERVISOR

TITLE

This form is to be filed in compliance with RULE 1104.  
If this is a request for allowable for a newly drilled or de- well, this form must be accompanied by a tabulation of the de- tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for able 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 con

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

