

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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

Operator  
OGR Operating Co., Inc.

Address  
1140 2 First City Center, Midland, Texas 79701

Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	
Recompletion <input checked="" type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	
Change in Transporter of:	
Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>
Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>

If change of ownership give name  
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name Kemnitz 17 State	Well No. 1	Pool Name, including Formation Kemnitz Cisco	Kind of Lease State, Federal or Fee State	Lease No. NA
Location				
Unit Letter H	1980	Feet From The North	Line and 910	Feet From The East
Line of Section 17	Township 16 S	Range 34 E	, NMPM, Lea County	

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Koch Oil Co.	Address (Give address to which approved copy of this form is to be sent) 2205 Wilco Bldg., Midland, Texas 79701					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> Conoco, Inc.	Address (Give address to which approved copy of this form is to be sent) 7408 Andrews Hwy. Odessa, Texas 79765					
If well produces oil or liquids, give location of tanks.	Unit H	Sec. 17	Twp. 16S	Rge. 34E	Is gas actually connected? Yes	When 10-12-84

If this production is commingled with that from any other lease or pool, give commingling order number NA

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input type="checkbox"/>	Workover <input checked="" type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'tv. <input type="checkbox"/>	Diff. Res'tv. <input checked="" type="checkbox"/>
Date Spudded 7-2-84	Date Compl. Ready to Prod. 1-8-85		Total Depth 14170'		P.B.T.D. 11965'			
Elevations (DF, RKB, RT, GR, etc.) 4127.9 Gr	Name of Producing Formation Kemnitz Cisco		Top Oil/Gas Pay 11127'		Tubing Depth 10992'			
Perforations 11127' - 11154'					Depth Casing Shoe 14170'			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17-1/2"	13-3/8"	358'	400sx Class C
11"	8-5/8"	4,507'	1850sx lite & 300sx C1
7-7/8"	5-1/2"	14,170'	1280sx C1H, 880sx lite & 20
	2-7/8"	10,992'	NA

TEST DATA AND REQUEST FOR ALLOWABLE (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 1-8-85	Date of Test 1-8-85	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24hrs	Tubing Pressure 300 psi	Casing Pressure 0	Choke Size 12/64"
Actual Prod. During Test 0	Oil-Bbls. 81	Water-Bbls. 8	Gas-MCF 128

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

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.

Mickey Nelson  
(Signature)  
Vice President-Drlg. & Prod.  
(Title)  
8-2-85  
(Date)

OIL CONSERVATION DIVISION

APPROVED \_\_\_\_\_, 19\_\_\_\_  
BY Garrett Sexton  
TITLE \_\_\_\_\_

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 deviate 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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