

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 PERMITTED	
DISTRIBUTION	
SANTA FE FILE	
U.S.U.C.	
LAND OFFICE	
TRANSPORTER	
OIL GAS	
OPERATOR	
PRODUCTION OFFICE	

Operator OGR Operating Company, Inc.

Address 1140 2 First City Center, Midland, Texas 79701

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

New Well  Change in Transporter of:

Recompletion  Oil  Dry Gas

Change in Ownership  Casinghead Gas  Condensate

If change of ownership give name and address of previous owner \_\_\_\_\_

DESCRIPTION OF WELL AND LEASE Kemnitz Atoka R-7800 2-1-85

Lease Name <u>Kemnitz 17 State</u>	Well No. <u>1</u>	Pool Name, Including Formation <u>UNDESIGNATED Atoka</u>	Kind of Lease State, Federal or Fee <u>State</u>	Lease No.
Location Unit Letter <u>H</u> ; <u>1980</u> Feet From The <u>North</u> Line and <u>910</u> Feet From The <u>East</u>				
Line of Section <u>17</u> Township <u>16S</u> Range <u>34E</u> , NMPM, <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"/> <u>Koch Oil Company</u>	Address (Give address to which approved copy of this form is to be sent) <u>Ste. 2205 Wilco Bldg. Midland, Texas 79701</u>
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>Phillips Petroleum Company</u>	Address (Give address to which approved copy of this form is to be sent) <u>432 Home Savings &amp; Loan Bldg. Bartlesville, Okla 74004</u>
If well produces oil or liquids, give location of tanks. Unit <u>H</u> Sec. <u>17</u> Twp. <u>16S</u> Rge. <u>34E</u>	Is gas actually connected? <u>No</u> When <u>10-23-84</u>

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 <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded <u>7-9-84</u>	Date Compl. Ready to Prod. <u>10-3-84</u>	Total Depth <u>14,170'</u>		P.B.T.D. <u>12,710'</u>				
Elevations (DF, RAB, RT, GR, etc.) <u>4127.9' Gr</u>	Name of Producing Formation <u>Atoka</u>	Top Oil/Gas Pay <u>12,040'</u>		Tubing Depth <u>11,900'</u>				
Perforations <u>12,042' - 12,052'</u>				Depth Casing Shoe <u>14,170'</u>				

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<u>17-1/2"</u>	<u>13-3/8"</u>	<u>358'</u>	<u>400sx C1 C</u>
<u>11"</u>	<u>8-5/8"</u>	<u>4507'</u>	<u>1850sx Lite &amp; 300sx C1 C</u>
<u>7-7/8"</u>	<u>5-1/2"</u>	<u>14170'</u>	<u>1280sx C1 H, 880sx Lite &amp; 200</u>
<u>NA</u>	<u>2-7/8"</u>	<u>11,900'</u>	<u>NA</u>

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 <u>10-3-84</u>	Date of Test <u>10-5-84</u>	Producing Method (Flow, pump, gas lift, etc.) <u>Flowing</u>	
Length of Test <u>24 hrs.</u>	Tubing Pressure <u>820</u>	Casing Pressure <u>0</u>	Choke Size <u>11/64"</u>
Actual Prod. During Test	Oil-Bbls. <u>196</u>	Water-Bbls. <u>0</u>	Gas-MCF <u>315</u>

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 Johnson  
(Signature)  
Agent for OGR Operating Co., Inc.  
(Title)  
10-9-84  
(Date)

OIL CONSERVATION DIVISION

APPROVED OCT 22 1984, 19\_\_\_\_

BY Eddie W. Seay  
Oil & Gas Inspector

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 wells.