

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES RETURNED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
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)

New Well	<input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion	<input type="checkbox"/>	Oil	<input 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)

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

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

## TUBING, CASING, AND CEMENTING RECORD

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

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

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

## OIL CONSERVATION DIVISION

APPROVED OCT 22 1984, 19BY Eddie W. Seay  
Oil & Gas InspectorTITLE  
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 deviated 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.