

MINERALS DEPARTMENT
DISTRIBUTION
SANTA FE
FILE
U.S.S.
LAND OFFICE
TRANSPORTER OIL GAS
OPERATOR
PRODUCTION OFFICE

OIL CONSERVATION DIVISION
P. O. BOX 2086
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator
OGR Operating Company, Inc.
Address
1140 2 First City Center, Midland, Texas 79701
Reason(s) for filing (Check proper box)
New Well ☒ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐
Other (Please explain)
Test allowable for 2500 bbls oil

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
Wildcat
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 ☒ or Condensate ☐
UPG, Inc.
Address (Give address to which approved copy of this form is to be sent)
3 Riverway Suite 950, Houston, Texas 77210
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐
Phillips Petroleum Company
Address (Give address to which approved copy of this form is to be sent)
432 Home Savings & Loan Bldg., Bartlesville, OK.
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
74004

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 Rest'v. Diff. etc.
Date Spudded
Date Compl. Ready to Prod.
Total Depth
P.B.T.D.
Elevations (DF, RKB, RT, GR, etc.)
Name of Producing Formation
Top Oil/Gas Pay
Tubing Depth
Perforations
Depth Casing Shoe

TUBING, CASING, AND CEMENTING RECORD
HOLE SIZE
CASING & TUBING SIZE
DEPTH SET
SACKS CEMENT

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
Date of Test
Producing Method (Flow, pump, gas lift, etc.)
Length of Test
Tubing Pressure
Casing Pressure
Choke Size
Actual Prod. During Test
Oil-Bbls.
Water-Bbls.
Gas-MCF

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

OIL CONSERVATION DIVISION
OCT 15 1984
APPROVED
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 deepened well, this form must be accompanied by a tabulation of the deviating tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for all wells on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes in well name or number, or transporter or other such change of a well.
Separate forms must be submitted for each pool or completed well.

RECEIVED

OCT 11 1984

REC.
HOBBS OFFICE

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