

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 COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PROMOTION OFFICE	

1. **Operator**  
Great Western Drilling Company

**Address**  
P.O. Box 1659, Midland, TX 79702

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

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

2. **DESCRIPTION OF WELL AND LEASE**

<b>Lease Name</b> Glenn Cleveland	<b>Well No.</b> 2	<b>Pool Name, Including Formation</b> Morton-Wolfcamp <i>R7800</i>	<b>Kind of Lease</b> State, Federal or Fee	<b>Fee</b>	<b>Lease No.</b>
<b>Location</b> Unit Letter <u>J</u> : <u>2080</u> Feet From The <u>South</u> Line and <u>2080</u> Feet From The <u>East</u> Line of Section <u>7</u> Township <u>15-S</u> Range <u>35-E</u> , NMPM, Lea County					

3. **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) P.O. Box 3609, Midland, TX 79702
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Tipperary Corporation	Address (Give address to which approved copy of this form is to be sent) P.O. Box 3179, Midland, TX 79702
If well produces oil or liquids, give location of tanks. Unit: 0 Sec: 7 Twp: 15-S Rge: 35-E	Is gas actually connected? When Yes 10-11-84

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

4. **COMPLETION DATA**

Designnate 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 7-13-84	Date Compl. Ready to Prod. 10-20-84	Total Depth 10,610'		P.B.T.D. 10,560'					
Elevations (DF, RKB, RT, GR, etc.) 4,035' GR (4,051.65 KB)	Name of Producing Formation Bough "C"	Top Oil/Gas Pay 10,300		Tubing Depth 10,424'					
Perforations 10,300'-76' (60 holes) 10,379'-10,402' (16 holes) Total 76 holes		Depth Casing Shoe 10,618.19'							
<b>TUBING, CASING, AND CEMENTING RECORD</b>									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
17 1/2"	13-3/8", 48#		453' KBM		475 Sxs - Circ.				
12 1/4"	9-5/8", 36 & 40#		4,630.19' KBM		1,900 Sxs - Circ.				
7-7/8"	5 1/2", 20#		10,618.19 KBM (1,108 Sxs + 80,000 SCF Nitrogen)						
Tbg	2-3/8", 4.70#		Swung 10,424' w/tbg and @ 10.231'						

5. **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 9-25-84	Date of Test 10-20-84	Producing Method (Flow, pump, gas lift, etc.) Pump: 2"x1 1/4" Insert Pump	
Length of Test 24 hrs.	Tubing Pressure -	Casing Pressure -	Choke Size -
Actual Prod. During Test 430 Bbls. fluid	Oil-Bble. 115	Water-Bble. 315	Gas-MCF 105

6. **GAS WELL.**

Actual Prod. Test-MCF/D	Length of Test	Bble. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

7. **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.

*M. B. Meyer*  
(Signature)  
Ass't. to Gen. Supt.  
(Title)  
November 12, 1984  
(Date)

OIL CONSERVATION DIVISION  
**NOV 15 1984**  
APPROVED \_\_\_\_\_, 19\_\_\_\_\_  
BY Eddie M. Gray  
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 deviation 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 1, 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 multiply completed wells.

RECEIVED

NOV 14 1984

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FEDERAL BUREAU OF INVESTIGATION