

OIL CONSERVATION DIVISION

P. O. BOX 2008
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

DEPARTMENT	
OPERATION	
SANTA FE	
FILE	
U.S.O.	
LAND OFFICE	
TRANSPORTER	
OPERATOR	
PRODUCTION OFFICE	

Magnatex Corporation

Address
One Marienfeld Place Suite 405, Midland, TX 79701

Reason(s) for filing (Check proper box)

New Well	☐	Change in Transporter of:	
Recompletion	☐	Oil	☐
Change in Ownership	☒ (Operator)	Casinghead Gas	☐

Other (Please explain)

If change of ownership give name and address of previous owner
Magnatex Petroleum Company, One Marienfeld Place Suite 405 Midland, TX 79701

II. DESCRIPTION OF WELL AND LEASE

Lease Name Aaron State	Well No. 1	Pool Name, including Formation Townsend (Permo-Upper Penn)	Kind of Lease State, Federal or Fee State	Lease No. LG-3343
Location Unit Letter J : 1980 Feet From The South Line and 1980 Feet From The East Line of Section 35 Township 15 S Range 35 E , NMPL, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐ Koch Oil Company of Texas	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1558, Breckenridge, TX 76024	
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐ J.L. Davis	Address (Give address to which approved copy of this form is to be sent) 211 North Colorado, Midland, TX 79701	
If well produces oil or liquids, give location of tanks.	Unit J	Sec. 35
	Twp. 15S	Rge. 35E
	Is gas actually connected? Yes	
	When 1/10/85	

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same as prev. Drilling
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

V. 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 oil able 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/MCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. 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.

Ronnie Cameron
(Signature)

Production Secretary

7/23/86

(Date)

(Date)

OIL CONSERVATION DIVISION

APPROVED _____, 1986

BY _____

TITLE _____

This form is to be filed in compliance with RULE 110.

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 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.