

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

| | |
|------------------------|-----|
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| U.S.O.S. | |
| LAND OFFICE | |
| TRANSPORTER | OIL |
| | GAS |
| OPERATION | |
| PRODUCTION OFFICE | |

I. OPERATOR

Operator
Magnatex Petroleum Company

Address
405 One Marienfeld Place, Midland, TX 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) **CASINGHEAD GAS MUST NOT BE FLARED AFTER 1/17/84 UNLESS AN EXCEPTION TO R-4070 IS OBTAINED.**

If change of ownership give name and address of previous owner

THIS WELL HAS BEEN PLACED IN THE POOL DESIGNATED BELOW. IF YOU DO NOT CONCUR NOTIFY THIS OFFICE.

II. DESCRIPTION OF WELL AND LEASE

| | | | | |
|---------------------------|------------------|---|--|-----------------------|
| Lease Name Aaron State | Well No. 1 | Pool Name, including Formation R-774 Townsend (Permo-Upper Penn) | Kind of Lease State, Federal or Fee | 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 | NMPM, Lea | County |

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

| | | |
|---|--|--------------|
| Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) | |
| Koch Oil Company of Texas | P.O. Box 1558, Breckenridge, TX 76024 | |
| Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) | |
| Negotiating Contract Presently | | |
| If well produces oil or liquids, give location of tanks. | Unit J | Sec. 35 |
| | Twp. 15-S | Rge. 35-E |
| | Is gas actually connected? <input type="checkbox"/> When NO | |

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 <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 Resv. Diff. Resv. <input type="checkbox"/> |
| Date Spudded 7/18/84 | Date Compl. Ready to Prod. 9/7/84 | | Total Depth 10,800 | | P.B.T.D. 10,760 | | |
| Elevations (DF, RKB, RT, GR, etc.) 3951 GL | Name of Producing Formation Wolfcamp Townsend Zone | | Top Oil/Gas Pay 10,640 | | Tubing Depth 10,504 | | |
| Perforations 10,640, 41, 42, 43, 49, 57, 71, 77, 78, 81, 82, 83, 84, 88, 89, 10,705, | | | 10,726, 27. | | Depth Casing Shoe 10,800 | | |
| TUBING, CASING, AND CEMENTING RECORD | | | | | | | |
| HOLE SIZE | CASING & TUBING SIZE | | DEPTH SET | | SACKS CEMENT | | |
| 17 1/8 | 13 3/8 | | 430 | | 440 | | |
| 11 | 8 5/8 | | 4673' | | 1500 | | |
| 7 7/8 | 5 1/2 | | 10,800' | | 1000 | | |

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 allowable for this depth or be for full 24 hours)

| | | | |
|---|-------------------------|--|----------------------|
| Date First New Oil Run To Tanks 9/7/84 | Date of Test 9/10/84 | Producing Method (Flow, pump, gas lift, etc.) Flowing | |
| Length of Test 24 Hrs. | Tubing Pressure 100# | Casing Pressure 400# | Choke Size 28/64" |
| Actual Prod. During Test | Oil-Bbls. 276 | Water-Bbls. 0 | Gas-MCF 240 |

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 |

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.



Manager/Drilling & Production

9/12/84

(Date)

OIL CONSERVATION DIVISION

APPROVED SEP 17 1984

BY ORIGINAL SIGNATURE OF DISTRICT MANAGER

TITLE

This form is to be filed in compliance with RULE 1103.

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 Form C-104 must be filed for each pool in multiple completed wells.