

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GASI. PRODUCTION OFFICE
Operator

CASA PETROLEUM, INC.

Address

105 NORTH SIXTH STREET

ARTESIA, NEW MEXICO

88210

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)

REQUEST ALLOWABLE

If change of ownership give name
and address of previous ownerCASINGHEAD GAS MUST NOT BE
FLARED AFTER 3/2/85
UNLESS AN EXCEPTION TO R-4070
IS OBTAINED.

II. DESCRIPTION OF WELL AND LEASE

| | | | | | |
|--|---------------|---|--|----------------|--------|
| Lease Name POGO NAPA | Well No. 1 | Pool Name, Including Formation WEST HUME | Kind of Lease State, Federal or Fee | Lease STATE | LG-333 |
| Location Unit Letter <u>L</u> ; <u>1980</u> Feet From The <u>SOUTH</u> Line and <u>330</u> Feet From The <u>WEST</u> Line of Section <u>14</u> Township <u>16S</u> Range <u>33E</u> , NMPM, <u>LEA</u> Cou | | | | | |

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

| | | | | | | |
|---|--|------------|-------------|-------------|----------------------------------|------|
| Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> NAVAJO REFINING COMPANY | Address (Give address to which approved copy of this form is to be sent) P.O. BOX 159 ARTESIA, N.M. | | | | | |
| 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) | | | | | |
| If well produces oil or liquids, give location of tanks. | Unit L | Sec. 14 | Twp. 16S | Rge. 33E | Is gas actually connected? NO | When |

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 type="checkbox"/> | Workover <input type="checkbox"/> | Deepen <input type="checkbox"/> | Plug Back <input type="checkbox"/> | Same Res'v. <input type="checkbox"/> | Diff. R <input type="checkbox"/> |
| Date Spudded 10/30/84 | Date Compl. Ready to Prod. 1/2/85 | | Total Depth 4005 | | P.B.T.D. 4000 | | | |
| Elevations (DF, RKB, RT, GR, etc.) 4197.8 | Name of Producing Formation PENROSE | | Top Oil/Gas Pay 3925 | | Tubing Depth 3900 | | | |
| Perforations 3931 - 46 1 SHOT PER FOOT | | | | | Depth Casing Shoe | | | |
| TUBING, CASING, AND CEMENTING RECORD | | | | | | | | |
| HOLE SIZE | CASING & TUBING SIZE | | DEPTH SET | | SACKS CEMENT | | | |
| 12 1/4 | 8 5/8 | | 300 | | CIRC | | | |
| 7 7/8 | 4 1/2 | | 4000 | | 200 sks | | | |

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
able for this depth or be for full 24 hours)

| | | | |
|---|------------------------|---|--------------------|
| Date First New Oil Run To Tanks 1/2/85 | Date of Test 1/7/85 | Producing Method (Flow, pump, gas lift, etc.) PUMP | |
| Length of Test 24 | Tubing Pressure | Casing Pressure | Choke Size OPEN |
| Actual Prod. During Test 20 | Oil-Bbls. 15 | Water-Bbls. 5 | Gas-MCF TSTM |

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.

OIL CONSERVATION DIVISION

JAN 15 1985

APPROVED _____, 19____

BY _____
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 deep
well, this form must be accompanied by a tabulation of the devi
tests taken on the well in accordance with RULE 111.All sections of this form must be filled out completely for a
able on new and recompleted wells.Fill out only Sections I, II, III, and VI for changes of o
well name or number, or transporter, or other such change of condSeparate Form C-104 must be filed for each pool in mu
completed wells.Mary O'Hara
(Signature)Secretary
(Title)1/11/85
(Date)

RECEIVED

JAN 14 1985

O.C.D.
HOLDS OFFICE