

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator William C. Bahlburg		Well API No. 30025298170
Address 14875 Landmark Blvd., Suite 216, Dallas, TX 75240		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain) CASINGHEAD GAS MUST NOT BE		
New Well <input checked="" type="checkbox"/>	Change in Transporter of: <input type="checkbox"/> Dry Gas <input type="checkbox"/>	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>	FLARED AFTER 12-20-92
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	UNLESS AN EXCEPTION TO R-4070 IS OBTAINED.
If change of operator give name and address of previous operator THIS WELL HAS BEEN PLACED IN THE POOL		

II. DESCRIPTION OF WELL AND LEASE		NOTED IN THIS OFFICE K-9843		51.46 ac	
Lease Name Christmas	Well No. 1	Pool Name, including Formation NE Lovington Wolfcamp Pool	Kind of Lease State, Federal <input checked="" type="radio"/> Fee	Lease No.	
Location					
Unit Letter D	1200	Feet From The North Line and 600	Feet From The West Line		
Section 7	Township 16S	Range 37E	NMPM, Lea	County	

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) P.O. Box 159, Artesia, NM 88211					
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 D	Sec. 7	Twp. 16S	Rge. 37E	Is gas actually connected? No	When? ASAP (±7 days)
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 checked="" type="checkbox"/>	Same Res'v <input type="checkbox"/>	Diff Res'v <input type="checkbox"/>
Date Spudded 9/30/92	Date Compl. Ready to Prod. 10/20/92		Total Depth 10750 ft.		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.) 3856,9 GR	Name of Producing Formation Lower Wolfcamp		Top Oil/Gas Pay 10,530 ft.		Tubing Depth 10,450 ft.			
Perforations 10,556 - 10,566 ft.					Depth Casing Shoe 10,743 ft.			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17-1/2	13-3/8		373'		395			
11	8-5/8		4585'		1600			
7-7/8	5-1/2		10743'		450			

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 Tank 10/20/92	Date of Test 10/23/92	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 8 hrs./24	Tubing Pressure 820#	Casing Pressure 0#	Choke Size 18/64"
Actual Prod. During Test	Oil - Bbls. 205 / 615	Water - Bbls. 0	Gas - MCF 460 / 1380

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. OPERATOR 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.

Signature **William C. Bahlburg** Owner
Printed Name
Date **10/23/92** Title
Telephone No. **214/991-9541**

OIL CONSERVATION DIVISION

OCT 27 '92

Date Approved

By **ORIGINAL SIGNED BY JERRY CANTON**
DISTRICT I SUPERVISOR

Title

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.

GCD HOBBS CFB