

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

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Form C-104
Revised 10-01-78
Format 08-01-83
Page 1

MAR 31 '89

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

O. C. D.
ARTESIA, OFFICE

Operator Foran Oil Company	
Address 8340 Meadow Road, Suite 158, Dallas, Texas 75231	
Reason(s) for filing (Check proper box)	Other (Please explain)
<input checked="" type="checkbox"/> New Well <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Ownership	Change in Transporter of: <input type="checkbox"/> Oil <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Dry Gas <input type="checkbox"/> Condensate
CASINGHEAD GAS MUST NOT BE FLARED AFTER <u>5-9-89</u> 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 COMINGLED, NOTIFY THIS OFFICE.

II. DESCRIPTION OF WELL AND LEASE

Lease Name State 12 "AA"	Well No. 1	Pool Name, including Formation <u>Undesignated</u> Lovington Penn, NE	Kind of Lease State, Federal or Fee State	Lease No. LG-6346
Location Unit Letter <u>I</u> : <u>1980</u> Feet From The <u>South</u> Line and <u>810</u> Feet From The <u>East</u> Line of Section <u>12</u> Township <u>16S</u> Range <u>36E</u> , NMPM, <u>Lea</u> 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"/> JM Petroleum Corporation	Address (Give address to which approved copy of this form is to be sent) 2323 Bryan, Dallas, TX 75201
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Phillips 66 Natural Gas Company	Address (Give address to which approved copy of this form is to be sent) 4001 Penbrook, Odessa, TX 79762
If well produces oil or liquids, give location of tanks. Unit <u>I</u> Sec. <u>12</u> Twp. <u>16S</u> Rge. <u>36E</u>	Is gas actually connected? <u>no</u> When <u>Estimated 4-10-89</u>

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

NOTE: Complete Parts IV and V on reverse side if necessary.

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 is true and complete to the best of my knowledge and belief.

Carol Cantrell
Carol Cantrell (Signature)
Production Clerk
(Title)
March 30, 1989
(Date)

OIL CONSERVATION DIVISION
APR 3 1989
APPROVED _____, IS _____
BY ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I 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 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 multiply completed wells.

V. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well X	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 1-22-89	Date Compl. Ready to Prod. 3-11-89		Total Depth 11,930'				P.B.T.D. 11,840'		
Elevations (DF, RKB, RT, CR, etc.), 3,867.8' GR	Name of Producing Formation Strawn		Top Oil/Gas Pay 11,443'				Tubing Depth 11,345'		
Perforations 11,443'-450', 11,454'-468' & 11,474'-477'							Depth Casing Shoe		

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17-1/2"	13-3/8"	400'	490 Class H
11"	8-5/8"	4,686'	1620 Class C + 200 Class H
7-7/8"	5-1/2"	11,930'	1200 Class H + 1180 Class H
			+ 100 Class H

TEST DATA AND REQUEST FOR ALLOWABLE (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 3-9-89	Date of Test 3-11-89	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 7 hours	Tubing Pressure 680	Casing Pressure 0	Choke Size 22/64"
Actual Prod. During Test	Oil - Bbls. 168 (576 - 24 hrs)	Water - Bbls. 0	Gas - MCF 189 (648 - 24 hrs)

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

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