

DISTRICT I  
P.O. Box 1980, Hobbs, NM 88240

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

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

# OIL CONSERVATION DIVISION

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

Revised 1-1-89  
See Instructions  
at Bottom of Page

## REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator Columbia Gas Development Corporation		Well API No. 30-025-31226
Address P. O. Box 1350, Houston, TX 77251-1350		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
New Well <input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>
If change of operator give name and address of previous operator		
THIS WELL HAS BEEN PLACED IN THE POOL DESIGNATED BELOW. IF YOU DO NOT CONCUR, NOTIFY THIS OFFICE. <i>5/1/93 Northeast Pollock Wolfcamp R 9875</i>		
Lease Name McMillan "34"	Well No. 1	Pool Name, Including Formation Pollock Wolfcamp
Kind of Lease <del>Other</del> <input checked="" type="checkbox"/> Fee		Lease No.
Location		
Unit Letter <u>C</u> : <u>400</u> Feet From The <u>North</u> Line and <u>1980</u> Feet From The <u>West</u> Line		
Section <u>34</u> Township <u>14S</u> Range <u>38E</u> , 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)					
Koch Oil Co., Div. of Koch Industries	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)					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When?
	C	34	14S	38E	No	NA

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 Res'v	Diff Res'v
			X					
Date Spudded 12/30/91	Date Compl. Ready to Prod. 5/29/92		Total Depth 11,900		P.B.T.D. 9668'			
Elevations (DF, RKB, RT, GR, etc.) 3760' - Gr	Name of Producing Formation Wolfcamp		Top Oil/Gas Pay 9336'		Tubing Depth 9626'			
Perforations 9993-10009; 9877-9713; 9617-9587; 9468-9345					Depth Casing Shoe 11,899' (Long String)			

## TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17-1/2"	13-3/8" 48#	492'	532 sx C1 C
12-1/4"	8-5/8" 32#	4882'	2113 sx C1 C Neat
7-7/8"	5-1/2" 17&20#	11,899'	900 sx 50/50 Poz H
	2-7/8" tbq	9626'	

## 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 5/30/92	Date of Test 6/1/92	Producing Method (Flow, pump, gas lift, etc.) 1-1/2" Rod pump	
Length of Test 24 hours	Tubing Pressure NA/Rod Pump	Casing Pressure 30 psi	Choke Size N/A
Actual Prod. During Test	Oil - Bbls. 227	Water - Bbls. 40	Gas - MCF Unknown

## GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (prior, 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.

*Wendy DesOrmeaux*  
Signature  
Wendy DesOrmeaux, Regulatory Coord.  
Printed Name  
Date 7/31/92  
Telephone No. 713/871-3482

## OIL CONSERVATION DIVISION

AUG 04 '92

Date Approved \_\_\_\_\_  
By ORIGINAL SIGNED BY JERRY SEXTON  
DISTRICT I SUPERVISOR  
Title \_\_\_\_\_

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

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

RECEIVED

AUG 03 1992

OCD HOBSB OFFICE