

OIL CONSERVATION DIVISION

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator Charles B. Gillespie, Jr.		Well API No. 30-025-31531
Address P. O. Box 8 Midland, Texas 79702		
Reason(s) for Filing (Check proper box) New Well <input checked="" type="checkbox"/> <input type="checkbox"/> Other (Please explain) Recompletion <input type="checkbox"/> Change in Transporter of: 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		

II. DESCRIPTION OF WELL AND LEASE

Lease Name Hamilton Federal	Well No. 1	Pool Name (Including Formation) Wildcat - Strawn	R # 9722 10/1/92	Kind of Lease State, Federal or Fee	Lease No. NM 04411
Location Unit Letter 0 : 330 Feet From The South Line and 2145 Feet From The East Line Section 33 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 checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Phillips Petroleum Company-Trucks	Address (Give address to which approved copy of this form is to be sent) 4001 Penbrook Odessa, Texas 79762					
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 0	Sec. 33	Twp. 15-S	Rge. 35-E	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	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 4/17/92	Date Compl. Ready to Prod. 6/08/92		Total Depth 11,800'		P.B.T.D. 11,730'			
Elevations (DF, RKB, RT, GR, etc.) 3973.2' GR, 3988' KB	Name of Producing Formation Strawn		Top Oil/Gas Pay 11,500'		Tubing Depth 11,448'			
Performances 11,500-11,570'					Depth Casing Shoe 11,800'			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17 1/2"	13 3/8"		402'		440			
11"	8 5/8"		4,749'		1200			
7 7/8"	5 1/2"		11,800'		800			
5 1/2" csg.	2 7/8"		11,448'		---			

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 6/08/92	Date of Test 6/30/92	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 hrs.	Tubing Pressure 1650#	Casing Pressure 0#	Choke Size 12/64"
Actual Prod. During Test 408	Oil - Bbls. 408	Water - Bbls. 0	Gas - MCF 1200

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.

William R. Crow

Signature
William R. Crow Exploration Manager

Printed Name

Date 6/30/92 Telephone No. (915) 683-1765

OIL CONSERVATION DIVISION

Date Approved JUL 07 '92

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

By

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.

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RECEIVED
JUL 06 1992
OCD HOBBS OFFICE