

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. 30-025-31767
Address P.O. Box 8 Midland, TX 79702		
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.

II. DESCRIPTION OF WELL AND LEASE

Lease Name Hamilton Federal	Well No. 2	Pool Name, Including Formation West Lovington Strawn 10/1/92	Kind of Lease State, Federal or Fee	Lease No. NM 04411
Location				
Unit Letter P	330	Feet From The South	Line and 725	Feet From The East
Section 33	Township 15S	Range 35E	County Lea	

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil Amoco Pipeline Company	<input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) 502 N. West Avenue Levelland, TX 79336		
Name of Authorized Transporter of Casinghead Gas Warren Petroleum Company	<input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1150 Midland, TX 79702		
If well produces oil or liquids, give location of tanks.	Unit 0	Sec. 33	Twp. 15S	Rge. 35E
Is gas actually connected?		When?		
Yes		1/07/93		

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 XX	Gas Well	New Well XX	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 10/25/92	Date Compl. Ready to Prod. 1/07/93		Total Depth 11,825'		P.B.T.D. 11,784'			
Elevations (DF, RKB, RT, GR, etc.) 3970.5' GR, 3988' KB	Name of Producing Formation Strawn		Top Oil/Gas Pay 11,538'		Tubing Depth 11,488'			
Perforations 11,538-11,580'					Depth Casing Shoe 11,825'			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17 1/2"	13 3/8"		417'		440			
11"	8 5/8"		4,610'		1425			
7 7/8"	5 1/2"		11,825'		750			
5 1/2" csg.	2 7/8"		11,488'		----			

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 1/07/93	Date of Test 1/20/93	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 hrs.	Tubing Pressure 1550#	Casing Pressure 0#	Choke Size 24/64"
Actual Prod. During Test 492	Oil - Bbls. 492	Water - Bbls. 0	Gas - MCF 1026

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
Exploration Manager
Printed Name
Title
January 21, 1993
Date
(915) 683-1765
Telephone No.

OIL CONSERVATION DIVISION

Date Approved **JAN 27 1993**
By **Paul Knutz**
Orig. Signed by
Geologist
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.