

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**

I.

Operator Charles B. Gillespie, Jr.		Well API No. 30-025-31830 ✓
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 \_\_\_\_\_

~~CONFIDENTIAL~~

91.16 ac

II. DESCRIPTION OF WELL AND LEASE

Lease Name Earnestine State	Well No. 1	Pool Name, Including Formation West Lovington Strawn	Kind of Lease <u>State</u> , Federal or Fee	Lease No. E-9116
Location Unit Letter <u>B</u> : <u>990</u> Feet From The <u>North</u> Line and <u>1980</u> Feet From The <u>East</u> Line Section <u>1</u> Township <u>16S</u> Range <u>35E</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"/> Amoco Pipeline ICT	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 <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Warren Petroleum Company	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 B	Sec. 1	Twp. 16S	Rge. 35E
	Is gas actually connected? Yes		When? 2/24/93	

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 <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 type="checkbox"/>	Same Res'v <input type="checkbox"/>	Diff Res'v <input type="checkbox"/>
Date Spudded 12/22/92	Date Compl. Ready to Prod. 2/24/93		Total Depth 11,786'			P.B.T.D. 11,742'		
Elevations (DF, RKB, RT, GR, etc.) 3978.3' GR, 3996' KB	Name of Producing Formation Strawn		Top Oil/Gas Pay 11,426'			Tubing Depth 11,423'		
Perforations 11,474-11,514'				Depth Casing Shoe 11,786'				
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17 1/2"	13 3/8"		407'		440			
11"	8 5/8"		4,738'		750			
7 7/8"	5 1/2"		11,786'		775			
5 1/2" csg	2 7/8"		11,423'		---			

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 2/24/93	Date of Test 3/6/93	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 hrs.	Tubing Pressure 1475#	Casing Pressure 0#	Choke Size 20/64"
Actual Prod. During Test 515	Oil - Bbls. 515	Water - Bbls. 0	Gas - MCF 1039

**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  
March 8, 1993  
Date  
(915) 683-1765  
Telephone No.

OIL CONSERVATION DIVISION

MAR 10 1993

Date Approved \_\_\_\_\_

By ORIGINAL SIGNED BY JERRY SEXTON  
DISTRICT 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.