

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator Charles B. Gillespie, Jr.		Well API No. 30-025-31831 ✓
Address P.O. Box 8 Midland, TX 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: Change in Operator <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <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 41.26 acres		
II. DESCRIPTION OF WELL AND LEASE THIS OFFICE 8-2737 8/1/93		
Lease Name Earnestine State	Well No. 2	Pool Name, Including Formation West Lovington Strawn
Kind of Lease State, Federal or Fee		Lease No. E-9116
Location Unit Letter A : 990 Feet From The North Line and 660 Feet From The East Line Section 1 Township 16S Range 35E , 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? 3/17/93

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	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 1/28/93	Date Compl. Ready to Prod. 3/17/93	Total Depth 11,800'	P.B.T.D. 11,764'					
Elevations (DF, RKB, RT, GR, etc.) 3973' GR, 3990.5' KB	Name of Producing Formation Strawn	Top Oil/Gas Pay 11,510'	Tubing Depth 11,461'					
Perforations 11,510-11,540'			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"	423'	440					
11"	8 5/8"	4,750'	750					
7 7/8"	5 1/2"	11,800'	750					
5 1/2" csg.	2 7/8"	11,461'	---					

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 3/17/93	Date of Test 3/22/93	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 hrs.	Tubing Pressure 750#	Casing Pressure 0#	Choke Size 20/64"
Actual Prod. During Test 436	Oil - Bbls. 436	Water - Bbls. 0	Gas - MCF 894

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.

Signature
William R. Crow
Printed Name
William R. Crow
Date
March 23, 1993
Title
Exploration Manager
Telephone No.
(915) 683-1765

OIL CONSERVATION DIVISION

Date Approved **MAR 30 1993**

By **RECEIVED BY DEPT. OF ENERGY**

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.

RECEIVED

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OCD HOBBS OFFICE