

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 Bruzoz Rd., Aztec, NM 87410

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

I.

Operator <u>Geoscience Exploration CKO, Inc. GECKO Inc</u>	Well API No. <u>30-025-31923</u>
Address <u>2121 San Jacinto, Ste 2950-Lb50, Dallas, Texas 75201</u>	
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 _____	
CASINGHEAD GAS MUST NOT BE FLARED AFTER <u>8-1-93</u> UNLESS AN EXCEPTION TO R 407.1 IS OBTAINED.	

### II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Crescent 3</u>	Well No. <u>1</u>	Pool Name, Including Formation <u>Wildcat Penn</u>	Kind of Lease State, Federal or <u>Fee</u>	Lease No. <u>NA</u>
Location				
Unit Letter <u>E</u> : <u>991</u> Feet From The <u>West</u> Line and <u>1996</u> Feet From The <u>North</u> Line				
Section <u>3</u> Township <u>15 S</u> Range <u>35 E</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"/> <u>Amoco Pipeline ICT</u>	Address (Give address to which approved copy of this form is to be sent) <u>502 N. West Ave. Levland, Texas 79336-3914</u>	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>J.L. Davis-Denton Gas Plant</u>	Address (Give address to which approved copy of this form is to be sent) <u>211 N. Colorado Midland, Texas 79701</u>	
If well produces oil or liquids, give location of tanks.	Unit <u>E</u>	Sec. <u>3</u>
	Twsp. <u>15 S</u>	Rge. <u>35 E</u>
	Is gas actually connected? <u>Yes</u> When? <u>6-28-93</u>	

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 <u>3-19-93</u>	Date Compl. Ready to Prod. <u>5-16-93</u>		Total Depth <u>12448</u>		P.B.T.D. <u>12346</u>			
Elevations (DF, RKB, RT, GR, etc.) <u>4000' G.L.</u>	Name of Producing Formation <u>L. Penn</u>		Top Oil/Gas Pay <u>11866</u>		Tubing Depth <u>11403</u>			
Perforations <u>11866-11886</u>					Depth Casing Shoe <u>12448</u>			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
<u>17-1/2 "</u>	<u>13-3/8</u>		<u>440</u>		<u>475</u>			
<u>11 "</u>	<u>8-5/8</u>		<u>4700</u>		<u>750</u>			
<u>7-7/8 "</u>	<u>5-1/2</u>		<u>12448</u>		<u>1800</u>			

### 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 <u>5-13-93</u>	Date of Test <u>5-16-93</u>	Producing Method (Flow, pump, gas lift, etc.) <u>Flow</u>	
Length of Test <u>24 Hour</u>	Tubing Pressure <u>230 PSI</u>	Casing Pressure <u>0</u>	Choke Size <u>16/64</u>
Actual Prod. During Test <u>146 BO 272 MCFG</u>	Oil - Bbls. <u>146</u>	Water - Bbls. <u>0</u>	Gas - MCF <u>272</u>

### 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.

Steve L. Thomson  
Signature  
Steve L. Thomson Operation Manager  
Printed Name  
6/11/93 915-686-0121  
Date Telephone No.

### OIL CONSERVATION DIVISION

Date Approved JUN 16 1993

By ORIGINAL SIGNED BY JERRY SEXTON  
DISTRICT I 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.

~~CONFIDENTIAL~~  
~~ALL INFORMATION CONTAINED~~  
~~HEREIN IS UNCLASSIFIED~~  
~~DATE 11/14/93 BY 60322~~

11/14/1993  
OCD HOBBS OFFICE