

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 <b>Charles B. Gillespie, Jr.</b>		Well API No. <b>30-025-32230</b>
Address <b>P. O. Box 8 Midland, TX 79702</b>		
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 <b>Hamilton Federal</b>	Well No. <b>4</b>	Pool Name, Including Formation <b>West Lovington Strawn</b>	Kind of Lease <b>State, Federal or Fee</b>	Lease No. <b>NM-04411</b>
Location Unit Letter <b>N</b> : <b>660</b> Feet From The <b>South</b> Line and <b>1980</b> Feet From The <b>West</b> Line Section <b>33</b> Township <b>15-S</b> Range <b>35-E</b> , NMPM, <b>Lea</b> 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"/> <b>Amoco Pipeline Company</b>	Address (Give address to which approved copy of this form is to be sent) <b>502 N. West Ave. Levelland, TX 79336</b>	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <b>Warren Petroleum Corp.</b>	Address (Give address to which approved copy of this form is to be sent) <b>P.O. Box 1150 Midland, TX 79702</b>	
If well produces oil or liquids, give location of tanks.	Unit <b>0</b>	Sec. <b>33</b>
	Twp. <b>15-S</b>	Rge. <b>35-E</b>
	Is gas actually connected? <b>YES</b>	When? <b>12-16-93</b>

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 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 <b>9-26-93</b>	Date Compl. Ready to Prod. <b>12-15-93</b>		Total Depth <b>11,820'</b>		P.B.T.D. <b>11,758'</b>			
Elevations (DF, RKB, RT, GR, etc.) <b>3981 GR</b>	Name of Producing Formation <b>Strawn</b>		Top Oil/Gas Pay <b>11,532</b>		Tubing Depth <b>11,576'</b>			
Perforations <b>11,532'-11,576'</b>					Depth Casing Shoe			
<b>TUBING, CASING AND CEMENTING RECORD</b>								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
<b>17 1/2"</b>	<b>13 3/8"</b>		<b>385</b>		<b>440</b>			
<b>11"</b>	<b>8 5/8"</b>		<b>4731</b>		<b>1504</b>			
<b>7 7/8"</b>	<b>5 1/2"</b>		<b>11,816</b>		<b>600</b>			

**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.)

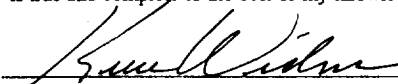
Date First New Oil Run To Tank <b>12-16-93</b>	Date of Test <b>12-19-93</b>	Producing Method (Flow, pump, gas lift, etc.) <b>Flow</b>	
Length of Test <b>24 hr</b>	Tubing Pressure <b>1000#</b>	Casing Pressure <b>PKR</b>	Choke Size <b>18/64"</b>
Actual Prod. During Test	Oil - Bbls. <b>487</b>	Water - Bbls. <b>-0-</b>	Gas - MCF <b>970</b>

**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.

  
Signature  
**Kevin Widner** Production Manager  
Printed Name  
**12-23-93** (915)683-1765  
Date Telephone No.

**OIL CONSERVATION DIVISION**

Date Approved **DEC 28 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.

SAD