STATE OF NEW MEXICO BGY AND MINISPALS DEPARTMENT

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LAND OFFICE		!		ĺ
TAAHSPORTER .	OIL	 		
	OAS			
DPENATOR				

OIL CONSERVATION DIVISION P. O. BOX 2088 SANTA FE, NEW MEXICO 87501

SPENATOR		FOR ALLOWABLE		
PACKATION OFFICE	AUTHORIZATION TO TRAI	NSPORT OIL AND NATO	JRAL GAS	
Dorchester Gas	Corporation			
P. O. Box 96 Reason(s) for filing (Check proper	Hobbs, New Me	exico 88240		
New Well	Change in Transporter of:	Other (Pleas	e explain)	
Recompletion Change in Ownership		Gas D densate Effe	ctive: 4	-1-81
If change of ownership give name and address of previous owner_	Llano Inc. P.O.			w Mexico 88240
DESCRIPTION OF WELL AS	ND LEASE Well No. Pool Name, including	·	Kind of Leas	
Southern California			1	Logs No Logs No LC06358
	Feet From The North	ine and <u>660</u>	Feet From	TheEast
Line of Section 29	T whiship 19S Range	32E , NMPM	. Lê	a, County
DESIGNATION OF TRANSPO Name of Authorized Transporter of	ORTER OF OIL AND NATURAL G		to which appro	ved copy of this form is to be sent)
The Permian Corpora		P.O. Box 11	L83	Houston Torra 77001
Phillips Petroleum		4001 Penbro	_	ved copy of this form is to be sent) Odessa, Texas 79762
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. F 29 19S 32E	Is gas actually connecte Ves	ed? Who	en
this production is commingled COMPLETION DATA	with that from any other lease or pool		r number:	at completion
Designate Type of Comple	tion - (X) Oil Well Gas Well	New Well Workover	Deepen	Plug Back Same Resty, Dill. Resty
Liste Spudded	Date Compl. Ready to Prod.	Total Depth		P.B.T.D.
evations (DF, RKB, RT, GR, etc.	Name of Producing Formation	Top Oil/Gas Pay		Tubing Depth
·erforations		<u> </u>		Depth Casing Shoe
	TURNIC CITIVE IN	D. C.E. L.		
HOLE SIZE	CASING & TUBING SIZE	D CEMENTING RECORD		SACKS CEMENT
EST DATA AND REQUEST		ifter recovery of total voluments of the formula of	ne of load oil a	I
ate First New Cil Run To Tanks	Date of Test	Producing Method (Flow.		i, etc.j
ength of Teat	Tubing Pressure	Casing Pressure	 	Choke Sixe
ctual Prod. During Test	Oil-Bble.	Water-Bbls.		Gas-MCF
		1		
AS WELL ctual Frod. Text-MCF/D	Length of Test	Bbls. Condensate/MMCF		Gravity of Condensate
eeting Method (pitot, back pr.)	Tubing Preseure (Shut-in)	Coming Pressure (Shut-	in)	Choke Size
TRIFFICATE OF COMPLIAN	CE	חוו כח	NSERVATI	ON DIVISION
	regulations of the Oll Conservation and that the information given	APPROVED WWW	<u> </u>	
we is true and complete to th	e best of my knowledge and belief.	1. BY		
Dorcheste	er Gas Corporation Cailens Engineer	TITLE		
Ster	Cailens	If this is a reque	st for allowa	blo for a newly drilled or despensed by a tabulation of the desiration
(Sum District	Engineer	tests taken on the we	all in accords	
(7)	ile)	able on new and reco	impleted well	
April 29	, 1981	well name or number, a	or trensporter	III, and VI for changes of owner, or other such change of condition be filed for each pool in multiple

HEM HEXICO OF CONSERVATION COMMISSION -A FE ீளை ரே._{செர்}4 REQUEST FOR ALLOWABLE Supersedes Old C-104 and C-1 Effective 1-1-65 AND G.5. AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS D OFFICE TRANSPORTER GAS OPERATOR PRORATION OFFICE Operator Llano, Inc. Address P. O. Drawer 1320, Hobbs, New Mexico 88240 Reason(s) for filing (Check proper box) Other (Please explain) New Well Change in Transporter of: Recompletion 011 Dry Gas Change in Ownership X Casinghead Gas Condensate Effective: 12-1-73 If change of ownership give name and address of previous owner ____ El Paso Products Company, P. O. Box 3986, Odessa, Texas 79760 II. DESCRIPTION OF WELL AND LEASE fell No. Pool Name, Including Formation Kind of Lease Southern California Federal 1 Lusk Strawn State, Federal or Fee Location Federal 1980 Feet From The North Line and 660 East Feet From The Line of Section 29 Township 19 South Range 32 East , NMPM, Lea III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS | Name of Authorized Transporter of Oil | X | or Condensate | | Address (Give address to which approved copy of this form is to be sent) The Permian Corporation P.O. Box 3119, Midland, Texas 79701 Address (Give address to which approved copy of this form is Name of Authorized Transporter of Casinghead Gas 🔀 or Dry Gas Phillips Petroleum Company Phillips Building, Odessa, Texas 79760 If well produces oil or liquids, Unit Twp. P.ge. Is gas actually connected? give location of tanks. F 29 19-S; 32-E Yes At completion If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Oil Well Gas Well New Well Workover Designate Type of Completion - (X) Deepen Plug Back Same Res'v. Diff. Res'v. Date Spudded Date Compl. Ready to Prod. Total Depth P.B.T.D. Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Top Oil/Gas Pay Tubing Depth Perforations Depth Casing Shoe TUBING, CASING, AND CEMENTING RECORD HOLE SIZE CASING & TUBING SIZE SACKS CEMENT V. TEST DATA AND REQUEST FOR ALLOWABLE (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) OIL WELL Date First New Oil Run To Tanks Date of Test Producing Method (Flow, pump, gas lift, etc.) Length of Test Tubing Pressure

Cosing Pressure Choke Size Actual Prod. During Test Oil-Bbls. Water - Bbls. Gas - MCF

GAS WELL

Actual Prod. Test-MCF/D Length of Test Bbis. Condensate/MMCF Gravity of Condensate Testing Method (pitot, back pr.) Tubing Pressure (Shut-in) Casing Pressure (Shut-in) Choke Size

TITLE

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

(Signature)

Vice President-Planning and Development

(Date)

(Title December 7,

OIL CONSERVATION COMMISSION

Lease No.

LC 063586

County

DEU LU K APPROVED_ $Ort_{\mathbb{N}}$ BY. oe D, D

Dist **I, 3**; This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.

A FE				
- ē	REQU	DEL DONSERVATION COMPRESE ECT FOR ALLOWABLE		
G.S.	+	AND		Old C-104 and
DOFFICE	AUTHORIZATION TO	TRANSPORT OIL AND NA	minerità [1]	-65
		THATSI ON I OIL AND NA	TURAL GAS	
TRANSPORTER OIL				
GAS				
OPERATOR				
PRORATION OFFICE		•		
Operator				
Llano, In	c.			
Address			•	
P O Dwo	700			
Percental Collins	wer 1320, Hobbs, New Mexic	0 88240		· · · · · ·
Red Son(S) for filing (Check pro	per box)	Other (Please exp		
New Well	Change in Transporter of:	Office (Flease exp	(2in)	
Recompletion				
Change in Ownership X	Contract of	y Gas		
		endensate Effective	: 12-1-73	
If change of ownership give r	iame na m		· · · · · · · · · · · · · · · · · · ·	
and address of previous owner	F El Paso Products Comp	any, P. O. Box 3986	Odoggo Maria	_
D.D			Odessa, Texas 7976	0
DESCRIPTION OF WELL	AND LEASE			
Cease Maine	Well No. Pool Name, Includir	g Formation		
Southern California	L	i kun	of Lease	Lease No
Location	Federal 1 Lusk Morro	W (Gas) State	Federal or Fee Federal	LC 06358
Unit Letter H	1000		1040181	TO 00330
Unit Letter 11	1980 Feet From The North	Line and 660	- To -+	4
		- Fe	et From The East	
Line of Section 29	Township 19 South Range	32 East NMPM.	_	
			Lea	County
DESIGNATION OF TRANS	PORTER OF OIL AND NATURAL	0.40		· · · · · · · · · · · · · · · · · · ·
Name of Authorized Transporter	of Oil or Condensate	UAS		
The Permian Corpor	ation	Address (Give address to which	ch approved copy of this form is to	be sent)
Name of Authorized Transporter		1 P.O. Box 3110 Ma	alla = 3 m - = =	
		Address (Give address to which		
	~	the madicas to witte	h approved copy of this form is to	
Phillips Petroleum		i and the watte	n approved copy of this form is to	
If well produces oil or liquids.	Unit Sec. Twp. Ege.	Phillips Building	Odessa, Texas 797	
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. F 29 19-S 32-	Phillips Building Is gas actually connected? E Yes	Odessa, Texas 797	
If well produces oil or liquids, give location of tanks. If this production is commingle	Unit Sec. Twp. Rge. F 29 19-S 32-	Phillips Building Is gas actually connected? E Yes	Odessa, Texas 797	
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If well produces oil or liquids, give location of tanks. If this production is commingle COMPLETION DATA	Unit Sec. Twp. Page. F 29 19-S 32- d with that from any other lease or poo	Phillips Building Is gas actually connected? Yes 1, give commingling order numb	Odessa, Texas 797 When At completion	
If well produces oil or liquids, give location of tanks. If this production is commingle COMPLETION DATA	Unit Sec. Twp. Page. F 29 19-S 32- d with that from any other lease or poo	Phillips Building Is gas actually connected? E Yes	Odessa, Texas 797 When At completion	60
If well produces oil or liquids, give location of tanks. If this production is commingle COMPLETION DATA Designate Type of Comp	Unit Sec. Twp. Page. F 29 19-S 32- d with that from any other lease or pool letion - (X) Oil Well Gas Well	Phillips Building Is gas actually connected? Yes 1. give commingling order numb New Well Workover Dee	Odessa, Texas 797 When At completion	60
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If well produces oil or liquids, give location of tanks. If this production is commingle COMPLETION DATA Designate Type of Comp	Unit Sec. Twp. Page. F 29 19-S 32- d with that from any other lease or pool letion - (X) Date Compl. Ready to Prod.	Phillips Building Is gas actually connected? Yes 1. give commingling order numb New Well Workover Dee Total Depth	Odessa, Texas 797 When At completion er: Plug Back Same Res's	60
If well produces oil or liquids, give location of tanks. If this production is commingle COMPLETION DATA Designate Type of Comp Date Spudded Elevations (DF, RKB, RT, GR, ex	Unit Sec. Twp. Page. F 29 19-S 32- d with that from any other lease or poolelic formula and the second se	Phillips Building Is gas actually connected? Yes 1. give commingling order numb New Well Workover Dee	Odessa, Texas 797 When At completion er: Plug Back Same Res'	60
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If well produces oil or liquids, give location of tanks. If this production is commingle COMPLETION DATA Designate Type of Comp Date Spudded Elevations (DF, RKB, RT, GR, ex	Unit Sec. Twp. Page. F 29 19-S 32- d with that from any other lease or pool letion - (X) Date Compl. Ready to Prod. c.; Name of Producing Formation TUBING, CASING, A	Phillips Building Is gas actually connected? Yes I, give commingling order numb New Well Workover Dee Total Depth Top Oil/Gas Pay	Odessa, Texas 797 When At completion er: Plug Back Same Res's	Diff. Res'v
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If well produces oil or liquids, give location of tanks. If this production is commingle COMPLETION DATA Designate Type of Comp Date Spudded Elevations (DF, RKB, RT, GR, extended to the state of t	Unit Sec. Twp. Page. F 29 19-S 32- d with that from any other lease or pool letion - (X) Date Compl. Ready to Prod. C., Name of Producing Formation TUBING, CASING, AN CASING & TUBING SIZE FOR ALLOWABLE (Test must be a able for this d.	Phillips Building Is gas actually connected? Yes 1. give commingling order numb New Well Workover Dee Total Depth Top Oil/Gas Pay DEPTH SET Distribution of location of location of the point of the	P.B.T.D. Tubing Depth Depth Casing Shoe SACKS CEME Sad oil and must be equal to or excepts a lift, etc.)	Diff. Resty
If well produces oil or liquids, give location of tanks. If this production is commingle COMPLETION DATA Designate Type of Comp Date Spudded Elevations (DF, RKB, RT, GR, et Perforations HOLE SIZE EST DATA AND REQUEST II. WELL one First New Oil Run To Tanks ength of Test	Unit Sec. Twp. Ege. F 29 19-S 32- d with that from any other lease or pool letion - (X) Date Compl. Ready to Prod. c., Name of Producing Formation TUBING, CASING, AP CASING & TUBING SIZE FOR ALLOWABLE (Test must be a able for this d.) Date of Test Tubing Pressure	Phillips Building Is gas actually connected? Yes I, give commingling order numb New Well Workover Dee Total Depth Top Oil/Gas Pay ID CEMENTING RECORD DEPTH SET Distress recovery of total volume of loce pith or be for full 24 hours) Producing Method (Flow, pump,	P.B.T.D. Tubing Depth Depth Casing Shoe SACKS CEME	Diff. Resty
If well produces oil or liquids, give location of tanks. If this production is commingle COMPLETION DATA Designate Type of Comp Date Spudded Elevations (DF, RKB, RT, GR, extended to the state of t	Unit Sec. Twp. Ege. F 29 19-S 32- d with that from any other lease or pool letion - (X) Date Compl. Ready to Prod. c.; Name of Producing Formation TUBING, CASING, AN CASING & TUBING SIZE FOR ALLOWABLE (Test must be a able for this d.)	Phillips Building Is gas actually connected? Yes I, give commingling order numb New Well Workover Dee Total Depth Top Oil/Gas Pay ID CEMENTING RECORD DEPTH SET Distress recovery of total volume of loce pith or be for full 24 hours) Producing Method (Flow, pump,	P.B.T.D. Tubing Depth Depth Casing Shoe SACKS CEME Sad oil and must be equal to or excepts a lift, etc.)	OO

GAS WELL

Actual Prod. Test-MCF/D	Length of Tast	Bbls. Condensate/MMCF	Gravity of Condensate	i
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Coming Pressure (Shut-in)	Choke Size	

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

(Signature) Vice President-Planning and Development (Title)

December 7,

(Date)

OIL CONSERVATION COMMISSION

APPROVED_ _, 19_ Orig. Signed by 9Y_ Joe D. Ramey Dist. I, Supv. TITLE .

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.

NEW MEXICO OIL CONSERVATION COMMISSION

SOUTHEAST NEW MEXICO PACKER LEAKAGE TEST

Operator	El Paso Prod	ucts Company			HERN CAL	IF. FEI	. 1."	ell o. ^l
Location of Well		S ec 29	Twp 195		ge 32E		County	Lea
	Name of Reserv		Type of P		of Prod Art Lift		Medium r Csg)	Choke Si
Upper Compl	Strawn	Section 2015 to retract State (sec. 14)	Oil	Flo		Tubin		2" -
Lower Compl	Morrow		Cas	F1o	W	Tubin	g	2"
			FLOW	TEST NO. 1				
Both zon	nes shut-in at (hour, date):	9900 h	ours 8-14-7	3			
Well ope	ened at (hour, d	ate):	0930 h	ours 8-15-7	3		Upper mpletion	Lower Completi
Indicate	e by (X) the z	one producing.	9340.28000		•••••			X
Pressure	est beginning o	f test.Strawn.	385 DWT,	Morrow 210	DWT		390	215
Stabiliz	ed? (Yes or No)	••••••	Кан тапрафи	**********	•••••	••••	Yes	Yes
Maximum	pressure during	test	电路电阻计算程度过程度	\$ \ \$ \ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	* * * * * * * * *	••••	390	215
Minimum	pressure during	test	P 4 3 3 · 3 0 6 6 6 6	********	• • • • • • • •	••••	390	30
Pressure	at conclusion	of test. A	, .381. PVT.	Morrow les	s than 50	DWT_	390	30
Pressure	change during	test (Maximum)	niou- Minim	um)	* * * * * * • • •	• • • • •	0	185
Was pres	sure change an	In crea se 🧠 a -	leoma 187					Decreas
Well clos	sed at (hour, da	te): 11 1 10 10 10 10 10 10 10 10 10 10 10 1	15 - 7 - 10 - 10 - 10 - 10 - 10 - 10 - 10 - 10	g Production	Fotal Time Production	e on	2 hours	3
During Te	est: 0 bb	s; Grav.	. Duri	ng Test	98	MCF;	GOR	-
Remarks_		217 J. Carlotte	MARINER CARLOS COMO CONTRACTOR AND ARREST	er die sterreier is die nierlijde selde beier die die de die de die de seense een een een de de de de de de de	Total National State of the Sta			
 		and the second of the second o	n managa di dia kacamatan di di di dikana di kacamatan di	" of the transfer of the production of the produ	william conference on the same of the same		***	
				ST NO. 2		**	pper	T
	ned at (hour, da					Com	pletion	Lower Completio
	by (X) the							
	at beginning of							30
	ed? (Yes or No).							No
	ressure during							215
linimum p	ressure during	test						
ressure	Ü					• • • •	40	30
	at conclusion o	f test St ARR.		SO DWY Mor	row 210 l	DWT.	40	215
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