

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

| | |
|------------------------|-----|
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| SANTA FE | |
| FILE | |
| U.S.O.B. | |
| LAND OFFICE | |
| TRANSPORTER | OIL |
| | GAS |
| OPERATOR | |
| PRODUCTION OFFICE | |

| | |
|--|--|
| Operator General Operating Company | |
| Address Suite 1007 Ridglea Bank Building, Fort Worth, Texas 76116 | |
| Reason(s) for filing (Check proper box) | Other (Please explain) |
| New Well <input type="checkbox"/> Re-entry <input checked="" type="checkbox"/> Change in Transporter of: | Re-entry The Atlantic Refining Company |
| Recompletion <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> State "AJ" No. 1 Plugged and Abandoned | during August, 1965 |
| Change in Ownership <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> | |

If change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

| | | | | |
|--|---------------|--|---|----------------------|
| Lease Name State "AJ" | Well No. 1 | Pool Name, including Formation E-K Yates-SR-Queen | Kind of Lease State, Federal or Fee State | Lease No. LG-3406 |
| Location Unit Letter <u>D</u> ; <u>660</u> Feet From The <u>North</u> Line and <u>661.5</u> Feet From The <u>West</u> | | | | |
| Line of Section <u>17</u> Township <u>18S</u> Range <u>34E</u> , NMPM, Lea County | | | | |

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

| | | | | | | |
|--|---|------------|-------------|-------------|----------------------------------|-------------|
| Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Texaco Trading and Transportation Inc. | Address (Give address to which approved copy of this form is to be sent) P. O. Box 6916, Midland, Texas 79711-0169 | | | | | |
| Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Not Connected | Address (Give address to which approved copy of this form is to be sent) Not Connected | | | | | |
| If well produces oil or liquids, give location of tanks. | Unit D | Sec. 17 | Twp. 18S | Rge. 34E | Is gas actually connected? No | When N/A |

If this production is commingled with that from any other lease or pool, give commingling order number:

N/A

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'tv. <input type="checkbox"/> Diff. R <input type="checkbox"/> | | |
| Date Re-entered 2/26/86 | Date Compl. Ready to Prod. 3/28/86 | Total Depth Original 4490' Re-entry 4473' | P.B.T.D. 4473' Re-entry |
| Elevations (DF, RKB, RT, GR, etc.) 4080' DF | Name of Producing Formation Upper Queen | Top Oil/Gas Pay 4434' | Tubing Depth 4444' |
| Perforations 4434'-46' w/26-0.48" Holes (2 SPF) | | | Depth Casing Shoe 4490' Original |
| TUBING, CASING, AND CEMENTING RECORD | | | |
| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT |
| 7-7/8" | 5-1/2" OD, 17# | 1984'* | 450 sks HOWCO Lite plus |
| | * Tie-In to 5-1/2" Casing Stub | | 100 sks Class C 2% CaCl |
| 5" | 2-7/8" OD(Tubing) | 4444' | None |

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 of
able for this depth or be for full 24 hours)

| | | | |
|--|---------------------------|---|---------------------------|
| Date First New Oil Run To Tanks 4/01/86 | Date of Test 4/07/86 | Producing Method (Flow, pump, gas lift, etc.) Pump | |
| Length of Test 24 hrs. | Tubing Pressure 20 psi | Casing Pressure 20 psi | Choke Size None |
| Actual Prod. During Test 16 BF | Oil-Bbls. 8 | Water-Bbls. 8 | Gas-MCF 16 (Estimated) |

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 |

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.

C. W. Stumhoffer

(Signature) C. W. Stumhoffer

Vice-President

(Title)

April 15, 1986

(Date)

OIL CONSERVATION DIVISION

APPROVED _____, 19

BY ORIGINAL SIGNER BY JERRY SEXTON
DISTRICT SUPERVISOR

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 deviated
tests taken on the well in accordance with RULE 111.All sections of this form must be filled out completely for all
able on new and recompleted wells.Fill out only Sections I, II, III, and VI for changes of own
well name or number, or transporter, or other such change of condition.Separate Forms C-104 must be filed for each pool in multi-
completed wells.