

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 Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator PSA PRODUCERS / 250 COPE PLACE		Well APN No. 30-025-02361
Address PO BOX 414 HOBBS NEW MEXICO 88240		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
New Well <input type="checkbox"/>	Change in Transporter of: <input type="checkbox"/> Dry Gas <input type="checkbox"/>	
Recompletion <input checked="" type="checkbox"/>	Oil <input type="checkbox"/>	Casinghead Gas <input checked="" type="checkbox"/> Condensate <input type="checkbox"/>
Change in Operator <input type="checkbox"/>		
If change of operator give name and address of previous operator		

II. DESCRIPTION OF WELL AND LEASE

Lease Name EAST E K BANGUARD UNIT	Well No. 2	Pool Name, including Formation E.K. QUEEN EAST	Kind of Lease State Federal or Reg	Lease No. E-3072-3
Location Unit Letter J : 1980 Feet From The SOUTH Line and 1580 Feet From The EAST Line Section 22 Township 18-S Range 34-E , 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"/> CONOCO INC.	Address (Give address to which approved copy of this form is to be sent) 1406 N. WEST COUNTY RD. HOBBS N.M. 88240			
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> PHILLIPS 66 NAT GAS CO.	Address (Give address to which approved copy of this form is to be sent) P.O. BOX 5050 BARTLESVILLE, OK 74005-5050			
If well produces oil or liquids, give location of tanks.	Unit K	Sec. 22	Twp. 18-S	Rge. 34-E
Is gas actually connected? YES			When? 4-11-91. BART GAS 8-9-91 THIS WELL	

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 (X)	Gas Well	New Well	Workover (X)	Deepen (X)	Plug Back	Same Res'v (X)	Diff Res'v
Date Spudded 7-24-91	Date Compl. Ready to Prod. 7-26-91		Total Depth 4830'		P.B.T.D. 4591'			
Elevations (DF, RKB, RT, GR, etc.) KA-4029	Name of Producing Formation QUEEN		Top Oil/Gas Pay 4530'		Tubing Depth 4523'			
Perforations 4532' to 4538'					Depth Casing Shoe 4605			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE 12 1/2"	CASING & TUBING SIZE 8 1/2" 24" J-55		DEPTH SET 441'		SACKS CEMENT 250			
7 1/2"	5 1/2" 14" J-55		4605'		1560			
5 1/2" - CEMENT	2 3/4" 8 1/2" (TAC)		4523'		N/A			

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 8-9-91	Date of Test 8-13-91	Producing Method (Flow, pump, gas lift, etc.) PUMP	
Length of Test 24-HRS	Tubing Pressure 354	Casing Pressure 354	Choke Size PUMP - 1 1/2" x 16"
Actual Prod. During Test 113	Oil - Bbls. 5	Water - Bbls. 108	Gas - MCF 3

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
JOE PAWITT
Printed Name
JOE PAWITT
Title
OWNER/OPERATOR
Date
8-13-91
Telephone No.
(505) 353-7092

OIL CONSERVATION DIVISION

Date Approved
By
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.

AUG 13 1991

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HOBBS OFFICE