

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.D.S.	
LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
PRODUCTION OFFICE	

Operator **REX ALCORN**

Address **Ingram Building, 100 South Kentucky, Roswell, New Mexico 88201**

Reason(s) for filing (Check proper box)

New Well	<input checked="" type="checkbox"/>	Change In Transporter of:	
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>
Change In Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

Other (Please explain) **New Discovery from Lower Penn Sand (Suggested Field Name: Bobbi-Penn Field)**

If change of ownership give name and address of previous owner

Arkansas Jet
Shildcut
PENN
L-6368**CASINGHEAD GAS MUST NOT BE**
PRODUCED
WITHOUT AN EXCEPTION TO RULE 111
IS OBTAINED.

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Bobbi	1-Y	Bobbi-Penn (?)	State, Federal or Fee State	L-2948
Location				
Unit Letter		Feet From The	Line and	Feet From The
J		1980	South	1930
Line of Section 20 Township 18 South Range 36 East , NMPM, LEA Count				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Koch Oil Company	PO Box 2256, Wichita, Kansas 67201					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Warren Petroleum Company	PO Box 1589, Tulsa, Oklahoma 74102					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	J	20	18S	36E	No	Approx. May 15, 1980

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

V. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'tv.	Diff. Res'tv.
X	X		X					
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
6-22-79	4-4-80	11,050' Drlr.						
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
3832' GL 3848' KB	Lower Penn Sand	10,863'	10,894'					
Perforations	Depth Casing Shoe							
10,863, 878, 881, 992, 903, 908, 913, 921, 923, 928, & 933.	11,050'							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
17"	13 3/8"	330'	325 sx, Circulated					
11"	8 5/8"	3800'	1100 sx					
7 7/8"	5 1/2"	11,050'	185 sx					
5 1/2" Csg.	2 3/8" & 2 7/8"	10,894'						

VI. 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 oil able for this depth or be for full 24 hours)

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
2-14-80 (swab tests)	4-4-80	Rod Pump	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hours	On pump	10#	On Pump
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF
	24 Bbls.	None	80,000 CFPD

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

VII. 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.

Rex Alcorn
(Signature)
Operator
(Title)
4-18-80
(Date)

OIL CONSERVATION DIVISION

APPROVED **APR 22 1980**, 19
BY **John W. Runyan**
Geologist

TITLE _____

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

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

All sections of this form must be filled out completely for all wells 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.