

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Supersedes Old C-101 and C-102 Effective 1-1-65

DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
U.S. GEOLOGICAL SURVEY
LAND OFFICE
TRANSPORTER
OIL
GAS
OPERATOR
PRODUCTION OFFICE

Operator
Energy Reserves Group, Inc.
Address
P. O. Drawer 2437, Midland, Texas 79702
Reason(s) for filing (Check proper box)
New Well ☒ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐
Other (Please explain)
Request Authorization to Transport 1000 Barrels of Test Oil.

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE
Lease Name
T.P. State
Well No.
1
Pool Name, including Formation
Vacuum Abo Reef
Kind of Lease
State, Federal or Free State
Lease No.
E-7723
Location
Unit Letter
I
1980 Feet From The
South Line and
660 Feet From The
East
Line of Section
8 Township
18-S Range
35-E, N.M.P.M., Lea County

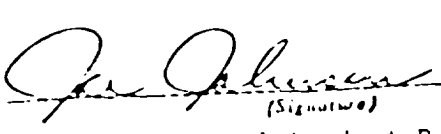
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
Name of Authorized Transporter of Oil ☒ or Condensate ☐
Western Crude Oil, Inc.
Address (Give address to which approved copy of this form is to be sent)
P. O. Box 1142, Midland, Texas 79702
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐
(Not Contracted '11-6-79)
Address (Give address to which approved copy of this form is to be sent)
If well produces oil or liquids, give location of tanks.
Unit
I
Sec.
8
Twp.
18-S
Rge.
35-E
Is gas actually connected?
No
When

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 Sore Res't. P.H. Res't.
Date Spudded
Date Compl. Ready to Prod.
Total Depth
P.D.T.D.
Elevation (D.F., R.R., RT, CR, etc.)
Name of Producing Formation
Top Oil/Gas Pay
Testing Depth
Perforations
Depth Casing Shoe
TUBING, CASING, AND CEMENTING RECORD
HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT

VI. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL
(Test must be after recovery of total volume of lead oil and must be equal to or exceed top of well 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.)
Length of Test
Testing Pressure
Casing Pressure
Choke Size
Actual Prod. During Test
Oil - Bbls.
Water - Bbls.
Gas - MCF

GAS WELL
Actual Prod. Test - MCF/D
Length of Test
Lbbs. Condensate/MCF
Gravity of Condensate
Testing Method (Flow, back pr.)
Testing Pressure (psia - in.)
Casing Pressure (psia - in.)
Choke Size

VII. 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.

Operations Superintendent-Production
November 6, 1979
(Date)

OIL CONSERVATION COMMISSION
APPROVED
NOV 8 1979
BY
Orig. Signed by
Jerry Sexton
TITLE
Dist. L. Supv.
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 calculation of the reserve base taken on the well in accordance with RULE 111.
All portions of this form must be filled out completely and filed in the appropriate file.
Fill out only Sections I, II, III, and VI for the name of well, name of producer, or transporter, or other such change of circumstance.