

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.O.S.	
LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
PRODUCTION OFFICE	

Operator
QUANAH PETROLEUM, INC.

Address
14800 QUORUM DRIVE, SUITE 500, DALLAS, TEXAS 75240

Reason(s) for filing (Check proper box) Other (Please explain)

New Well <input checked="" type="checkbox"/>	Change in Transporter of:	CASINGHEAD GAS MUST NOT BE FLARED AFTER 7/1/82 UNLESS AN EXCEPTION TO RULE IS OBTAINED.
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	
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 WILLIAMS	Well No. 2	Pool Name, including Formation BISHOP CANYON SAN ANDRES	Kind of Lease State, Federal or Fee FEE	Lease No.
Location				
Unit Letter H	2310	Feet From The NORTH Line and 560	Feet From The EAST	
Line of Section 11	Township 18S	Range 38E	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"/> JM PETROLEUM	Address (Give address to which approved copy of this form is to be sent) 2000 NORTH TOWER PLAZA OF THE AMERICAS DALLAS, TX 75201					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> PHILLIPS PETROLEUM	Address (Give address to which approved copy of this form is to be sent) 424 HOME SAVINGS & LOAN, BARTLESVILLE, OKLAHOMA 74004					
If well produces oil or liquids, give location of tanks.	Unit G	Sec. 11	Twp. 18S	Rge. 38E	Is gas actually connected? NO	When

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

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'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded 1-9-82	Date Compl. Ready to Prod. 4-19-82		Total Depth 5100'		P.B.T.D. 4940'			
Elevations (DF, RNB, RT, GR, etc.) 3641' GL	Name of Producing Formation San Andres		Top Oil/Gas Pay 4850'		Tubing Depth 4650'			
Perforations 4863' -4873'					Depth Casing Shoe 5100'			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
	8-5/8"	318'	800?
	4-1/2"	5100'	150 Lt., 200 C1 C
	2-3/8"	4650'	?

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 Tanks 4-19-82	Date of Test 4-29-82	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24	Tubing Pressure 60	Casing Pressure 60	Choke Size 1"
Actual Prod. During Test 140	Oil-Bbls. 20	Water-Bbls. 120	Gas-MCF 300

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.


LINDA CHAPMAN
(Signature)
ENGINEERING TECHNICIAN
(Title)
APRIL 30, 1982
(Date)

OIL CONSERVATION DIVISION

MAY 4 1982
APPROVED _____, 19____
BY **ORIGINAL SIGNED BY**
JERRY SEXTON
TITLE **DISTRICT 1 SUPR.**

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.
Separate Forms C-104 must be filed for each pool in multiply completed wells.

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MAY 5 1982

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HONORARY OFFICE