

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

PSA PRODUCERS 250 COPE PLACE

Well API No.

N/A

P.O. Box 755 Hobbs, NM, 88240

For Filing (Check proper box)

☐

Other (Please explain)

Change in Transporter of:

Oil

☐ Dry Gas

☐

Casinghead Gas

☒ Condensate

☐

Operator give name

and previous operator

DESCRIPTION OF WELL AND LEASE

at 8th Street Unit

Well No.

12

Pool Name, including Formation

8th Street East

Kind of Lease

☒ Federal or Fee

Lease No.

E-3012-3

Block Letter F

2393

Feet From The

North

Line and

2388

Feet From The

West

Line

Section 22

Township

18-S

Range

34-E

NMPM,

San

County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Authorized Transporter of Oil

☒

or Condensate

☐

via the surface transportation

Address (Give address to which approved copy of this form is to be sent)

1406 N.W. County Road Hobbs, NM 88240

Authorized Transporter of Casinghead Gas

☐

or Dry Gas

☐

via 66 Nat Gas Co. (GSP) Gas Corporation

Address (Give address to which approved copy of this form is to be sent)

1406 N.W. County Road Hobbs, NM 88240

Produces oil or liquids,

from tanks.

Unit

Sec.

Twp.

Rge.

Is gas actually connected?

When?

18

22

18-S

34-E

2 yrs

4-11-91

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

COMPLETION DATA

Designate Type of Completion - (X)

Oil Well

Gas Well

New Well

Workover

Deepen

Plug Back

Same Res'v

Diff Res'v

Completed

Date Compl. Ready to Prod.

Total Depth

P.B.T.D.

(DP, RKB, RT, GR, etc.)

Name of Producing Formation

Top Oil/Gas Pay

Tubing Depth

Depth Casing Shoe

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE

CASING & TUBING SIZE

DEPTH SET

SACKS CEMENT

TEST DATA AND REQUEST FOR ALLOWABLE

Test (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.)

Flow Oil Run To Tank

Date of Test

Producing Method (Flow, pump, gas lift, etc.)

Test

Tubing Pressure

Casing Pressure

Choke Size

Test During Test

Oil - Bbls.

Water - Bbls.

Gas - MCF

WELL

Test - MCF/D

Length of Test

Bbls. Condensate/MMCF

Gravity of Condensate

Test (pilot, back pr.)

Tubing Pressure (Shut-in)

Casing Pressure (Shut-in)

Choke Size

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.

Joe Pruitt

JOE PRUITT owner/operator

Name

Title

505-393-7092

6-24-91

Telephone No.

OIL CONSERVATION DIVISION

Date Approved

By

Title

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.

All sections of this form must be filled out for allowable on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.

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

E

JUN 27 1991

MOSES C. H. 22