

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

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

**REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS**

Operator Olsen Energy, Inc.		Well API No. 30-025-31905 ✓
Address 16414 San Pedro, Suite 470, San Antonio, Texas 78232		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
New Well <input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>
If change of operator give name and address of previous operator		

II. DESCRIPTION OF WELL AND LEASE

Lease Name State "36"	Well No. 3	Pool Name, Including Formation Vacuum GB/SA	Kind of Lease State, Federal or Private	Lease No. V3349
Location Unit Letter J : 2310 Feet From The south Line and 1980 Feet From The east Line Section 36 Township 17-S Range 33-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"/> Scurlock Permian Corporation	Address (Give address to which approved copy of this form is to be sent) P.O. Box 4648, Houston, Texas 77210-4648	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> GPM Gas Corporation	Address (Give address to which approved copy of this form is to be sent) 4001 Penbrook, Odessa, Texas 79762	
If well produces oil or liquids, give location of tanks.	Unit I	Sec. 36
	Twsp. 17-S	Rge. 33-E
Is gas actually connected?	When ? 4-30-93	

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 <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 3-22-93	Date Compl. Ready to Prod. 4-30-93	Total Depth 4900		P.B.T.D. 4870				
Elevations (DF, RKB, RT, GR, etc.) 4106 GR	Name of Producing Formation GR/SA		Top Oil/Gas Pay 4395'		Tubing Depth 4736			
Perforations 4395, 4442, 4507, 4520, 4535, 4540, 4553, 4557, 4560, 4660, 4665, 4671, 4673, 4683, 4686, 4689, 4694, 4695, 4696, 4700, 4705, 4708, 4712, 4715, 4720, 4722		TUBING, CASING AND CEMENTING RECORD		Depth Casing Shoe 4900				
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-1/4	8-5/8		1526		745			
7-7/8	5-1/2		4900		725			
	2-7/8		4736					

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 5-3-93	Date of Test 5-7-93	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24	Tubing Pressure 30	Casing Pressure 30	Choke Size
Actual Prod. During Test	Oil - Bbls. 45	Water - Bbls. 150	Gas- MCF 38

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
Dick Morton Drlg/Prod. Manager
Printed Name
5-11-93 210-496-2466
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved MAY 17 1993
By ORIGINAL SIGNATURE CITY CLERK
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.

RECEIVED

MAY 14 1993

OOD HOBBS STAFF