

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

OIL CONSERVATION DIVISION

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator T. H. McElvain Oil & Gas Properties	Well API No. 3D-025-02856
Address P.O. Box 2148, Santa Fe, New Mexico 87504-2148	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input checked="" 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 New Mexico "AC" St.	Well No. 1	Pool Name, Including Formation South Shoe Bar Atoka	Kind of Lease State, Federal or Fee State	Lease No. V-1520
Location Unit Letter H : 1980 Feet From The North Line and 660 Feet From The East Line Section 22 Township 17S Range 35E, NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> Navajo Refining Co.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 159, Artesia, New Mexico 88210					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> Warren Petroleum Co.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1150, Midland, Texas 79702					
If well produces oil or liquids, give location of tanks.	Unit H	Sec. 22	Twp. 17S	Rge. 35E	Is gas actually connected? yes	When? 5-11-87

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
		X		X				X
Date Spudded 11-04-85	Date Compl. Ready to Prod. 01-04-86		Total Depth 13,871		P.B.T.D. 12,080			
Elevations (DF, RKB, RT, GR, etc.) 3926 GR	Name of Producing Formation Atoka sd.		Top Oil/Gas Pay 11,996		Tubing Depth 11,919			
Perforations 11,996-12,006 (4 SPF)					Depth Casing Shoe 12,180			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17 1/2	13 3/8		454		450 sks			
12 1/4	9 5/8		4,589		2200 sks			
8 3/4	7 5/8		12,101		1100 sks			
6 1/4	5 1/2		0-12,180		500 sks			

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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing 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	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 George B. Broome
Printed Name George B. Broome, Geological Engineer
Date April 22, 1992 Title 982-1935
Telephone No.

OIL CONSERVATION DIVISION

APR 27 '92

Date Approved

By ORIGINAL SIGNED BY JERRY SEXTON

DISTRICT I SUPERVISOR

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
APR 24 1992
OCD HOBBS OFFICE