

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	
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AREA	
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U.S.	
NO. OFFICE	
TRANSPORTER	OIL
	NATURAL GAS
FORMATION	
ORIGIN OFFICE	
DATE	

READ & STEVENS, INC.

P.O. BOX 1518, ROSWELL, NM 88201

Person(s) for filing (check proper box)	Other (Please explain)
New Well ☐	Change in Transporter of:
Completion ☐	Oil ☒ Dry Gas ☐
Change in Ownership ☐	Coalbed Gas ☐ Condensate ☐

EFFECTIVE SEPTEMBER 1, 1980

Change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Well Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
GUY HOOPER COM	1	SCHARB BONE SPRINGS	State: XXXXXXXX	OG-2416
Location	Unit Letter	1980	Feet From The	SOUTH
			Line and	1967.13
			Feet From The	WEST
	Line of Section	7	Township	19S
			Range	35E
			NE/4	LEA
				Court

SIGNATURE OF TRANSPORTER OF OIL AND NATURAL GAS

Signature of Authorized Transporter (Oil) ☒ or Condensate ☐	Address (Give address to which approved copy of this form is to be sent)					
CONOCO, INC. TRANSPORTATION DEPT.	P.O. BOX 460, HOBBS, NM 88240					
Signature of Authorized Transporter of Gasbed Gas ☒ or Dry Gas ☐	Address (Give address to which approved copy of this form is to be sent)					
WARREN PETROLEUM CORPORATION	P.O. BOX 1589, TULSA, OK					
Well produces oil or liquids, or location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	K	7	19S	35E		

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Restrictions	Full Re-
Well Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
Perforations (DF, RAB, RT, CR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
Explorations			Depth Casing Shoe					

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of lead oil and must be equal to or exceed top oil
allowable for this depth or be for full 24 hours)

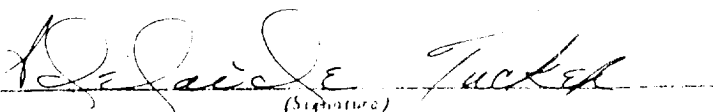
First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Oil Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

SHUT-IN WELL

Oil Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MCF	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
is true and complete to the best of my knowledge and belief.


(Signature)

PRODUCTION CLERK

(Title)

SEPTEMBER 8, 1980

(Date)

OIL CONSERVATION DIVISION

APPROVED _____, 19__

BY _____

TITLE _____

This form is to be filed in compliance with RULE 1104.
If this is a request for allowable for a newly drilled or deeper
well, this form must be accompanied by a tabulation of the deviat
tests taken on the well in accordance with RULE 111.

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

Fill out only Sections I, II, III, and VI for changes of own
well name or number, or transporter or other such change of condi
tion. Form C-104 must be filed for each pool in each