

OIL CONSERVATION DIVISION
P. O. BOX 2080
SANTA FE, NEW MEXICO 87501REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NAME OF OPERATOR	
PERMIT NUMBER	
CANTARY	
FILE	
U.S.D.S.	
LAND OFFICE	
TRANSPORTER	
OIL	
GAS	
OPERATION	
PROMOTION OFFICE	
Operator	

Walter W. Krug DBA Wallen Production Company

Address P.O. Box 1960 Midland, Texas 79702

Reason(s) for filing (Check proper box)

New Well	<input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion	<input type="checkbox"/>	Oil	<input checked="" type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

Other (Please explain)

If change of ownership give name
and address of previous owner

I. DESCRIPTION OF WELL AND LEASE

Lease Name Waller Tonto	Well No. 10	Pool Name, including Formation S. Tonto-y. SR	Kind of Lease State , Federal State Fed.	Lease No. NM073240
Location Unit Letter K ; 1980 Feet From The S Line and 1650 Feet From The W Line of Section 30 Township 19S Range 33E, NMPM, Lea County				

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Texas New Mexico Pipeline	Address (Give address to which approved copy of this form is to be sent) Box 2528 Hobbs, New Mexico 88240					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Conoco, Inc	Address (Give address to which approved copy of this form is to be sent) Bartlesville, Oklahoma 74004					
If well produces oil or liquids, give location of tanks.	Unit N	Sec. 30	Twp. 19S	Rge. 33E	Is gas actually connected? Yes	When Immed.

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

V. 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 4/11/81	Date Compl. Ready to Prod. 7/22/81	Total Depth 3100'	P.B.T.D. 3100'					
Elevations (DF, RAB, RT, GR, etc.) GR 3591'	Name of Producing Formation Yates Sand	Top Oil/Gas Pay 2942'	Tubing Depth 3035'					
Perforations 3050'-3092'	Depth Casing Shoe 3100'							

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
16"	13 3/8"	231'	350
12 1/2"	10 3/4"	507'	Mudded in
10"	8 5/8"	830'	Mudded in
8"	7"	2856'	1000

VI. 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 7/27/81	Date of Test 7/27/81	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hrs	Tubing Pressure 60 PSI	Casing Pressure 60 PSI	Choke Size -----
Actual Prod. During Test 46 BFPD	Oil-Bbls. 38	Water-Bbls. 8	Gas-MCF 12

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (prior, 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.

Walter W. Krug
(Signature)

Engineer

(Title)

7/28/81

(Date)

OIL CONSERVATION DIVISION

APPROVED SEP 11 1981, 19

BY Jerry Soren
Oily Signed ByTITLE Dist. L. Supt.

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.