

## 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 DESIRED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

Operator InterNorth, Inc	
Address 10,000 Old Katy Rd., Suite 100, Houston, Texas 77055	
Reason(s) for filing (Check proper box)	
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input checked="" type="checkbox"/>
Other (Please explain)	
If change of ownership give name and address of previous owner	

## 2. DESCRIPTION OF WELL AND LEASE

Lease Name Tonto State Com.	Well No. 1	Pool Name, Including Formation Gem (Morrow)	Kind of Lease State, Federal or Fee State	Lease No. IG-3230
Location				
Unit Letter J	: 1980	Feet From The South	Line and 2200	Feet From The East
Line of Section 32	T. wship 19-S	Range 33-E	NMPM, Lea	County

## 3. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
UPG, Inc.	P. O. Box 3339, Abilene, TX 79604					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Northern Natural Gas Co.	400 Commercial Bank Tower, Midland TX 79701					
If well produces oil or liquids, give location of tanks.	Unit J	Sec. 32	Twp. 19-S	Rge. 33-E	Is gas actually connected? Yes	When 12-2-81

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

## 4. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res
			X	X					
Date Spudded 6-8-81 GR	Date Compl. Ready to Prod. 12-1-81	Total Depth 13,630		P.B.T.D. 13,440					
Elevations (DF, RKB, RT, GR, etc.) 3569.5'	Name of Producing Formation Gem (Morrow)	Top Oil/Gas Pay 13,226		Tubing Depth 13,125'					
Perforations 13,226-13,230'; 13,238-13,254' ; 13,275--13,286'				Depth Casing Shoe 13,630'					
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17 1/2		13 3/8		1,230'		1300 sx			
12 1/4		8-5/8		5,210'		2700 sx			
7-7/8		5-1/2		13,630'		1200 sx			
		2-78" tbg.		13,125'		Packer			

## 5. 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 all able for this depth or be for full 24 hours)

Date 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
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

## GAS WELL

Actual Prod. Test-MCF/D 500	Length of Test 3-1/2 Hrs.	Bbls. Condensate/MMCF 274	Gravity of Condensate 48.5
Testing Method (pilot, back pr.) Back Pressure	Tubing Pressure (shut-in) 4750	Casing Pressure (shut-in) 0 (Packer)	Choke Size 17/64"

## 6. 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.

*John Randall*  
(Signature)  
*Production Unit*  
(Title)  
6/13/84  
(Date)

## OIL CONSERVATION DIVISION

APPROVED JUN 21 1984, 19\_\_BY Eddie W. SeayTITLE Oil & Gas Inspector

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepen well, this form must be accompanied by a tabulation of the deviate tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for all able 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 condition.

Separate Forms C-104 must be filed for each pool in multi-completed wells.

RECEIVED  
JUN 20 1984  
O.C.D.  
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