

OIL CONSERVATION DIVISION

P. O. BOX 7088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES DESIRED	
DISTRIBUTION	
SANTA FE	
FILE	
RECORDS	
LAND OFFICE	
TRANSPORTER	OIL
OPERATOR	NATURAL GAS
PRODUCTION OFFICE	

READ & STEVENS, INC.

Address

P.O. Box 1518, Roswell, NM 88201

Reason(s) for filing (Check proper box)

New Well	☒	Change in Transporter of:	
Incompletion	☐	Oil	☐
Change in Ownership	☐	Casinghead Gas	☐
		Dry Gas	☐
		Condensate	☐

Other (Please explain)

July Testing Allowable - 500 BO

If 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.
Quail State	7	Quail Queen	State, XXXXXXXXX	OG-2001

Location

Unit Letter M : 660 Feet From The South Line and 660 Feet From The WestLine of Section 11 Township 19S Range 34E NMPM, Lea County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐	Address (Give address to which approved copy of this form is to be sent)
Conoco, Inc. Surface Transportation Dept.	P.O. Box 460, Hobbs, NM 88240
Name of Authorized Transporter of Casinghead 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

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.
	0	11	19S	34E

Is gas actually connected?	When
no	-

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 Well	Partial
Drilled								
Date Compl. Ready to Prod.	Total Depth		F.B.T.D.					
Deviation (DF, R/L, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Day		Tubing Depth			
Perforations					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 load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

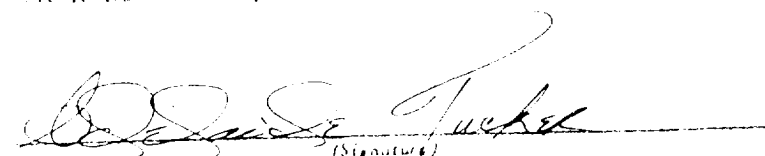
Use First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Oil Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test - MCF/24	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (piston, back prod.)	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.



Production Clerk

(Title)

July 24, 1981

(Date)

OIL CONSERVATION DIVISION

APPROVED _____, 19__

BY Only Signed By
Jerry SextonTITLE Dist. & Supv.

This form is to be filed in compliance with RULE 1105.

If this is a request for allowable for a newly drilled or deepened 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 wells 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 conditions. Form C-104 must be filed for each pool in multi-