

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	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.D.	
LAND OFFICE	
TRANSPORTER	OIL
OPERATOR	GAS
PRODUCTION OFFICE	

Operator <u>Walter W. Krug DBA Wallen Production Company</u>			CASINGHEAD GAS MUST NOT FLARED AFTER <u>5-15-81</u> UNLESS AN EXCEPTION TO RULE IS OBTAINED <u>from O.C.D.</u>		
Address <u>Box 1960 Midland, Texas 79702</u>					
Reason(s) for filing (Check proper box)					
New Well	<input checked="" 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 type="checkbox"/>
Other (Please explain)					

If change of ownership give name
and address of previous owner

I. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Wallen Tonto</u>	Well No. <u>9Y</u>	Pool Name, including Formation <u>South Tonto Yates-SR</u>	Kind of Lease State, Federal or Fed. <u>Fed.</u>	Lease No. <u>NM073240</u>
Location Unit Letter <u>N</u> : <u>2300'</u> Feet From The <u>WL</u> Line and <u>600'</u> Feet From The <u>SL</u> Line of Section <u>30</u> Township <u>19S</u> Range <u>33E</u> , 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"/>	Address (Give address to which approved copy of this form is to be sent) <u>Box 2528 Hobbs, New Mexico 88240</u>					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) <u>7408 Andrews Hwy. Odessa, Texas 79762</u>					
(signing contract with Continental)						
If well produces oil or liquids, give location of tanks.	Unit <u>N</u>	Sec. <u>30</u>	Twp. <u>19S</u>	Rge. <u>33E</u>	Is gas actually connected? <u>No</u>	When <u>SOON</u>

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

III. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
<u>X</u>	<u>X</u>							
Date Spudded <u>10-12-80</u>	Date Compl. Ready to Prod. <u>12-30-80</u>	Total Depth <u>3086'</u>	P.B.T.D.					
Elevations (DF, RKB, RT, GR, etc.) <u>GR 3583.8'</u>	Name of Producing Formation <u>sand</u>	Top Oil/Gas Pay <u>2970'</u>	Tubing Depth <u>3020'</u>					
Perforations <u>2970' to 3080' 43" size, 24 number</u>			Depth Casing Shoe <u>3080'</u>					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		SACKS CEMENT				
<u>6"</u>	<u>4 1/2"</u>	<u>2616.5' to 3079.5'</u>		<u>60 sxs class "C"</u>				
<u>6"</u>	<u>2 3/8"</u>	<u>3020'</u>						

IV. 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 <u>3-15-1981</u>	Date of Test <u>3-18-1981</u>	Producing Method (Flow, pump, gas lift, etc.) <u>pumping</u>	
Length of Test <u>24 hrs</u>	Tubing Pressure <u>60</u>	Casing Pressure <u>60</u>	Choke Size
Actual Prod. During Test <u>27bbbls</u>	Oil-Bbls. <u>27</u>	Water-Bbls. <u>2</u>	Gas-MCF <u>1296</u> gas-oil ratio

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

V. 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)
3-20-1981
(Date)

OIL CONSERVATION DIVISION

APPROVED MAR 20 1981
BY [Signature]
TITLE Supervisor

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 multiple completed wells.

SUNDRY NOTICE AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir. Use "APPLICATION FOR PERMIT—" for such proposals.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
2. NAME OF OPERATOR Wallen Prod. Co. Walter W. Krug DBA		7. UNIT AGREEMENT NAME
3. ADDRESS OF OPERATOR Box 1960 Midland, Texas 79702		8. FARM OR LEASE NAME Wallen Tanto
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 2300 2200 FWL & 600' FSL		9. FIELD AND POOL, OR WILDCAT South Tanto
14. PERMIT NO.		11. SEC., T., R., M., OR BLM. AND SURVEY OR AREA Sec 30, T 19 S, R 33 E
15. ELEVATIONS (Show whether DF, RT, GR, etc.) GR 3584'		12. COUNTY OR PARISH Lea
		13. STATE New Mexico

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐FRACTURE TREAT ☐SHOOT OR ACIDIZE ☐REPAIR WELL ☐

(Other)

PULL OR ALTER CASING ☐MULTIPLE COMPLETE ☐ABANDON* ☐CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐FRACTURE TREATMENT ☐SHOOTING OR ACIDIZING ☐

(Other) Ran 4½" liner

REPAIRING WELL ☐ALTERING CASING ☐ABANDONMENT* ☐

X

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)

On 12-17-80 we cemented 463' of 4½", K-55, 10½# casing liner in bottom of hole and 291' up inside 7" casing. We used 60 sxs of class "C" neat w/¼# flocele/sx. Cement came over the top of liner and hardened within 20' of the top of liner.

18. I hereby certify that the foregoing is true and correct

SIGNED

Walter W. Krug

TITLE

Engineer

DATE

1/5/81

(This space for Federal

ACCEPTED FOR RECORD

PETER W. CHESTER

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY

JAN 12 1981

U.S. GEOLOGICAL SURVEY
ROSWELL, NEW MEXICO

See Instructions on Reverse Side