

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

COPY

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SUBJECT	
FILE	
CLASS.	
AND OFFICE	
TRANSPORTER	OIL GAS
GENERATOR	
LOCATION OFFICE	
10101	

105 North 6th, Artesia, New Mexico 88210

Reason(s) for filing (Check proper box)		Other (Please explain)		
Low Well	<input checked="" type="checkbox"/>	Change in Transporter of:	Test Allowable 600 BBL.	
Completion	<input type="checkbox"/>	Oil		<input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Coastinghead Gas		<input type="checkbox"/> Condensate <input type="checkbox"/>

change of ownership give name
and address of previous owner _____

Case Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Case State	#1	Vacuum Graygurg-San Andres	State, Federal or Fee State	E-8712

Unit Letter H ; 1980 Feet From The North Line and 660 Feet From The East

Line of Section 28 Township 17 South Range 34 East , NMPM, Lea County

SIGNATURE OF TRANSPORTER OF GAS AND CONDENSATE <input checked="" type="checkbox"/> Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) P.O. Box 159, Artesia, NM 88210
SIGNATURE OF TRANSPORTER OF CASINGHEAD GAS <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> 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)

	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
well produces oil or liquids, no location of tanks.	H	28	17S	34E		

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

COMPLETION DATA

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Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Reservoir	Diff. Res.
Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.			
Observations (DF, RKB, RT, CR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth			
Observations						Depth Casing Shoe			

TUBING, CASING, AND CEMENTING RECORD

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 off and must be equal to or exceed top allowable for this depth or be for full 24 hours)

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

AS WELL

Initial Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (shut-in)	Coating Pressure (shut-in)	Choke Size

CERTIFICATE OF COMPLIANCE

ereby certify that the rules and regulations of the Oil Conservation
ision have been complied with and that the information given
ve is true and complete to the best of my knowledge and belief.

Kanishk Ch
(Signature)

Casa Petroleum Inc., President
(1944)

November 18, 1982

OIL CONSERVATION DIVISION

NOV 23 1982

APPROVED _____, 19

APPROVED _____ ORIGINAL SIGNED BY _____

BY JERRY SEYTON

DISTRICT 1 SUPP

TITLE _____

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 allow-
able on new and recompleted walls.

Fill out only Sections I, II, III, and VI for changes of content, well name or number, or transporter, or other such change of condition.

Separate Form C-104 must be filed for each pool in multiple completed wells.