

REQUEST FOR ALLOWABLE  
AND

## AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

1. OPERATOR	
Discovery Operating, Inc.	
Address 800 N. Marienfeld, suite 100, Midland, Texas 79701	
Reason(s) for filing (Check proper box)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of: <input type="checkbox"/>
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input checked="" type="checkbox"/> Condensate <input type="checkbox"/>
Other (Please explain)	

If change of ownership give name  
and address of previous owner

## II. DESCRIPTION OF WELL AND LEASE

Lease Name Cooper	Well No. 1	Pool Name, including Formation Knowles (Devonian)	Kind of Lease State, Federal or Fee Fee	Lease No.
Location				
Unit Letter C : 330' Feet From The North Line and 1680 Feet From The West				
Line of Section 2 Township 17-S Range 38-E, NMPM, Lea County				

## III. 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)
JM Petroleum Corporation	2000 N. Tower, Plaza of the Americas, LB #319, Dallas, TX 75201
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Phillips Petroleum Company	4001 Penbrook St. Odessa, Texas 79762
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. C 2 17-S 38-E
Is gas actually connected?	When Yes 2-6-84

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

## IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded March 24, 1983	Date Compl. Ready to Prod. July 2, 1983		Total Depth 12690'		P.B.T.D. 12494'			
Elevations (DF, RAB, RT, GR, etc.) GR = 3700'	Name of Producing Formation Devonian		Top Oil/Gas Pay 12339'		Tubing Depth 12230'			
Perforations 12341'-12413' (28 shots), 12351'-12399' (Reperf. 11 shots)					Depth Casing Shoe 12525'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17 1/2"	13 3/8"		400'		450 sx Class C			
11"	8 5/8"		4800'		300 Class C, 1500 :it			
7 7/8"	5 1/2"		12525'		175 sx Class H			
	2 7/8" (Tbg.)		12230'					

## V. 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 June 20, 1983	Date of Test July 2, 1983	Producing Method (Flow, pump, gas lift, etc.) Swab Test	
Length of Test 24 hrs.	Tubing Pressure N/A	Casing Pressure 0	Choke Size N/A
Actual Prod. During Test	Oil-Bbls. 149	Water-Bbls. 117	Gas-MCF 32

## GAS WELL

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

## VI. 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.

Richard L. Shaw  
(Signature)

Engineer

(Title)

March 23, 1984

(Date)

## OIL CONSERVATION DIVISION

APPROVED MAR 27 1984

BY ORIGINAL SIGNED BY JERRY SEXTON  
DISTRICT SUPERVISOR

TITLE

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 filled for each pool in multiple completed wells.

RECEIVED

MAR 26 1984

O.C.D.  
HOBBS OFFICE