

OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

DATE RECEIVED	
DISTRICT	
FILE	
LAND OFFICER	
TRANSPORTER	OIL
OPERATOR	
REGISTRATION OFFICER	
REVISION	

CASA PETROLEUM, Inc.

Address 105 N. 6th Street, Artesia, New Mexico 88210

Reason(s) for filing (Check proper box)

New Well Change in Transporter of:
 Completion Oil Dry Gas
 Change in Ownership Casinghead Gas Condensate

Other (Please explain)

**CASINGHEAD GAS MUST NOT BE
FLARED AFTER 12-1-83
UNLESS AN EXCEPTION TO R4070
IS OBTAINED.**

Change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name Gulf State	Well No. #1	Pool Name, including Formation Vacuum Grayberg San Andres	Kind of Lease State, Federal or Fee State	Lease No. B-3385
Location Unit Letter B : 990 Feet From The North Line and 2310 Feet From The East	Line of Section 21	Township 17S	Range 34E	County LEA

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Navajo Crude Oil Purchasing	Address (Give address to which approved copy of this form is to be sent) P.O. box 175, Artesia, New Mexico 88210
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Phillips Petroleum Company	Address (Give address to which approved copy of this form is to be sent) Price Tower, Bartlesville, OKLA 74004
Well produces oil or liquids, give location of tanks. Unit B Sec. 21 Twp. 17S Rge. 34E	Is gas actually connected? when no NA

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 <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input 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 8-23-83	Date Compl. Ready to Prod. 9-22-83	Total Depth 5050	P.B.T.D. 5050'					
Revolutions (DF, RKB, RT, GR, etc.) 4061.0 GL	Name of Producing Formation Grayburg San Andres	Top Oil/Gas Pay 4448'	Tubing Depth 5000'					
Correlations 4994-5008 - 15S 4705-25 - 20S 4448-4642 - 34S			Depth Casing Shoe 5050'					

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4"	8 5/8 casing	1374	525 CIRC
7 7/8"	4 1/2"	5044'	400

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)

Date First New Oil Run To Tanks 9-23-83	Date of Test October 1, 1983	Producing Method (Flow, pump, gas lift, etc.) pump	
Length of Test 24	Tubing Pressure 0	Casing Pressure 0	Choke Size
Actual Prod. During Test 100	Oil-Bbls. 25	Water-Bbls. 75	Gas-MCF NO

GAS WELL

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

CERTIFICATE OF COMPLIANCE

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.

Ranger C. Karr
(Signature)
Ranger C. Karr, President
(Title)
October 4, 1983
(Date)

OIL CONSERVATION DIVISION

OCT 6 1983

APPROVED _____, 19

BY ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I 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 R.O.C. 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 credit.
 Separate Form O-104 must be filed for each pool in multiply completed wells.

RECEIVED
OCT 5 1983
C.C.D.
HOBBS OFFICE

WELL NAME AND NUMBER Gulf State #1

LOCATION to ~~the~~ section 21, T17S, R34E Lea County

OPERATOR CASA Petroleum

DRILLING CONTRACTOR SALAZAR BROTHERS DRILLING, INC

The undersigned hereby certifies that he is an authorized representative of the drilling contractor who drilled the above described well and has conducted deviation tests and obtained the following results:

<u>Degrees @ Depth</u>	<u>Degrees @ Depth</u>	<u>Degrees @ Depth</u>
<u>1/4° 500'</u>	_____	_____
<u>1/2° 3500'</u>	_____	_____
<u>1/2° 4318'</u>	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Drilling Contractor SALAZAR BROS. DRILLING, INC

By: [Signature]

Title: PRESIDENT

Subscribed and sworn to before me this 13 day of SEPTEMBER

19 85



OFFICIAL SEAL
RITA S. PHAGAN
NOTARY PUBLIC - NEW MEXICO
Notary Bond Filed with Secretary of State
My Commission Expires 8/19/85

Rita Phagan
Notary Public

My Commission Expires: _____ County _____

RECEIVED

OCT 5 1966

O.C.D.
HOBBS OFFICE