

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.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	NATURAL GAS
OPERATOR	
PRODUCTION OFFICE	

FOREST OIL CORPORATION

Address  
P.O. BOX 1916 MIDLAND, TEXAS 79702

Reason(s) for filing (Check proper box)

New Well ☐  
Recompletion ☐  
Change In Ownership ☐

Change In Transporter of:  
Oil ☐  
Casinghead Gas ☐

Dry Gas ☐  
Condensate ☐

Other (Please explain)

SHOW TRANSPORTER OF CASINGHEAD  
GAS

If change of ownership give name  
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name B LEE STATE	Well No. 7	Pool Name, Including Formation SCHARB (BONE SPRING)	Kind of Lease State, Federal or Fee FREE	Lease No.
Location Unit Letter <u>H</u> : <u>1980</u> Feet From The <u>North</u> Line and <u>660</u> Feet From The <u>East</u> Line of Section <u>5</u> Township <u>19S</u> Range <u>35E</u> N.M.P.M. <u>Lea</u> 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"/> Phillips Petroleum Co - Trucks	Address (Give address to which approved copy of this form is to be sent) 4001 Penbrook, Odessa, Texas 79762	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Phillips Petroleum Co.	Address (Give address to which approved copy of this form is to be sent) Same as above	
If well produces oil or liquids, give location of tanks.	Unit H	Sec. 5
	Twp. 19S	Rge. 35E
	Is gas actually connected? Yes	
	When 3-10-84	

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 Re-ty. <input type="checkbox"/>	Diff. Re-ty. <input type="checkbox"/>
Date Spudded 11/2/83	Date Compl. Ready to Prod. 1/25/84		Total Depth 10,825'		P.B.T.D. 9601'			
Elevations (D.F., RKB, RT, GR, etc.) GR 3893.5'	Name of Producing Formation Bone Spring		Top Oil/Gas Pay 9490'		Tubing Depth 9599'			
Perforations 9490'-9594'					Depth Casing Shoe 10,825'			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17-1/2"	13-3/8"	450'	500 sx
11"	8-5/8"	4000'	1775 sx
7-7/8"	5-1/2"	10,825'	400 sx & 1150 sx

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 1/25/84	Date of Test 1/30/84	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hr	Tubing Pressure 100	Casing Pressure 250	Choke Size 2-7/8"
Actual Prod. During Test	Oil - Bbls. 599	Water - Bbls. 84	Gas - MCF 760

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

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.

Charles A. Barber  
(Signature)

Division Engineer (D&P)

4/27/84

(Date)

OIL CONSERVATION DIVISION

APPROVED APR 30 1984, IS

BY ORIGINAL SIGNED BY JERRY SEXTON  
DISTRICT I SUPERVISOR

TITLE

This form is to be filed in compliance with RULE 1102.  
If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviated tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowables 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.

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

RECEIVED

APR 30 1984

Q.C.M.  
HOLDS OFFICE