

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.O.B.	
LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
PRODUCTION OFFICE	

Great Western Drilling Company

Address  
P.O. Box 1659, Midland, TX 79702

Reason(s) for filing (Check proper box)

New Well ☒ Change in Transporter oil: ☐  
Recompletion ☐ Oil ☐ Dry Gas ☐  
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐

Other (Please explain)  
CASINGHEAD GAS MUST NOT BE  
FLARED AFTER 7/2/85  
UNLESS AN EXCEPTION TO RULE  
IS OBTAINED.

If change of ownership give name  
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Bell State	Well No. 1	Pool Name, Including Formation Scharb-Bone Springs	Kind of Lease State, Federal or Fee State	Lease No. V-285
Location Unit Letter P : 837 Feet From The South Line and 570 Feet From The East Line of Section 17 Township 19-S Range 35-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"/> J.M. Petroleum Corporation (2000)	Address (Give address to which approved copy of this form is to be sent) Dallas, TX North Tower LB319, Plaza of the Americas 75201					
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)					
If well produces oil or liquids, give location of tanks.	Unit P	Sec. 17	Twp. 19-S	Rge. 35-E	Is gas actually connected? No	When Est. May 29, 1985

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 2-14-85	Date Compl. Ready to Prod. 4-24-85		Total Depth 10,200'		P.B.T.D. BP @ 9,810'			
Elevations (DF, RKB, RT, CR, etc.) 3,836.4' KB	Name of Producing Formation Bone Springs		Top Oil/Gas Pay 9,698'		Tubing Depth 9,781'			
Perforations 9,698' - 9,744' (36' - 36 holes)					Depth Casing Shoe 10,200'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17 1/2"	13-3/8", 48#		411.88' KBM		450 Sxs C + 2% Cacl.			
11" & 12 1/4"	8-5/8", 24 & 32#		4,101.54' KBM (1300		Sx HL-C + 250 Sx C)			
7-7/8"	5 1/2", 17 & 20#		(10,200', DV tool 9,019')		1,000 Sx H 50-50 Poz			
5 1/2" csg.	2-3/8", 4.7#, N-80		9,781'					

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 4-19-85	Date of Test 4-24-85	Producing Method (Flow, pump, gas lift, etc.) Pump 2"x1 1/4"x32' Insert Pump	
Length of Test 24 hours	Tubing Pressure -	Casing Pressure -	Choke Size -
Actual Prod. During Test 141.31	Oil-Bbls. 60.31	Water-Bbls. 81	Gas-MCF 245

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.

M.B. Myers  
(Signature)

Ass't. to Gen. Supt.  
(Title)

April 30, 1985  
(Date)

OIL CONSERVATION DIVISION

APPROVED \_\_\_\_\_, 1985

BY \_\_\_\_\_

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 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 condition.

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

RECEIVED

MAY 1 1985

O.F.D.  
HOBBS OFFICE