

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

OGR Operating Co., Inc.

Address
1140 2 First City Center, Midland, Texas 79701

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)

**CASINGHEAD GAS MUST NOT BE
FLARED AFTER 11/15/83
UNLESS AN EXCEPTION TO R-4070
IS OBTAINED.**If change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Mahaffey Bryan	3	Pearl Queen	State, Federal or Fee Fee	NA
Location				
Unit Letter	N	330	Feet From The	South Line and 1650
Line of Section		13	Township	19-S
			Range	35-E
				NMPM,
				Lea County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐	Address (Give address to which approved copy of this form is to be sent)					
Navajo Refining Co.	Box 159, Artesia, New Mexico 88210					
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐	Address (Give address to which approved copy of this form is to be sent)					
None						
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	N	13	19-S	35-E	No	Testing 9-15-85

If this production is commingled with that from any other lease or pool, give commingling order number: none

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
	X		X					
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
8-17-85	9-6-85	5050'	4969'					
Elevations (DF, RAB, RT, CR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
3729.1 GR	Queen	4857'	4852'					
Perforations			Depth Casing Shoe					
			5050'					

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/4"	8-5/8"	1849'	450 HLC + 150 sx C1 C
7-7/8"	5-1/2"	5050'	345sxCL C-Poz
NA	2-3/8"	4852'	

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)

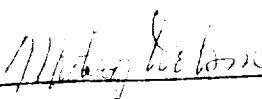
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
9-9-85	9-14-85	Pumping	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hrs.	60 psi	60 psi	NA
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
	14	8	2

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

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.


(Signature)Vice President-Drlg & Prod
(Title)9-19-85
(Date)

OIL CONSERVATION DIVISION

APPROVED SEP 23 1985, 19BY ORIGINAL SIGNED BY JERRY SEXTONTITLE DISTRICT SUPERVISOR

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 filed for each pool in multiple completed wells.

RECEIVED
SEP 23 1985
O.C.D.
HOBB'S OFFICE