

OIL CONSERVATION DIVISION

P. O. BOX 2000
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.D.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

Operator

Barbara Fasken

Address

303 W. Wall Ave., Suite 1901, Midland, Texas 79701-5116

Reason(s) for filing (Check proper box)

New Well

☒

Change in Transporter of:

Recompletion

☐

Oil

☐

Dry Gas

☐

Change in Ownership

☐

Casinghead Gas

☐

Condensate

☐

Other (Please explain)

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Consolidated State	3	Shipp (Strawn) 11-1-86	State, Federal or Fee State	E8563
Location				
Unit Letter	C	660 Feet From The North	Line and 2128	Feet From The West
Line of Section	9	Township 17 S	Range 37 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)
Texas-New Mexico Pipeline Co.		P.O. Box 2528, Hobbs, NM 88240
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 Co. 66 Title Gas Corporation		4001 Penbrooke, Odessa, TX 79762
If well produces oil or liquids, give location of tanks.	Unit	Sec.
	0	8
	17 S	37 E
Is gas actually connected?	Yes	When
		10-2-81

If this production is commingled with that from any other lease or pool, give commingling order number: PLC - 60

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Resv.	Diff. Resv.
	X		X					
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
7-15-86	9-3-86	11,300'	11,261'					
Elevations (DF, REB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
3778.7' GR	Strawn	10,934'	10,719'					
Perforations			Depth Casing Shoe					
10,944'-10,960'			11,316'					

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17 1/2"	13-3/8"	398'	350
12 1/2"	8-5/8"	4283'	1650
7-7/8"	5 1/2"	11316'	1535

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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
9-4-86	9-5-86	Flow	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24	425	Packer	25/64"
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
564.24	564.24	0	833

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.


(Signature) Jimmy Davis, Jr.
Agent

9-5-86

(Date)

OIL CONSERVATION DIVISION

APPROVED SEP 8 1986, 19

BY ORIGINAL SIGNED BY JERRY CANTON

TITLE DISTRICT 1 SUPERVISOR

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 deviate 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.