

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator Charles B. Gillespie, Jr.		Well API No. 30-025-29856
Address P. O. Box 8 Midland, Texas 79702		
Reason(s) for Filing (Check proper box) New Well <input checked="" type="checkbox"/> Other (Please explain) <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Transporter of: Change in Operator <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>		
If change of operator give name and address of previous operator		

THIS WELL HAS BEEN PLACED IN THE POOL
DESIGNATED BELOW. IF YOU DO NOT CONCUR
NOTIFY THIS OFFICE.

II. DESCRIPTION OF WELL AND LEASE

Lease Name Shipp	Well No. 1	Pool Name, Including Formation Humble City-Strawn	K-8946 7/1/39	Kind of Lease State, Federal or Fee	Lease No.
Location Unit Letter B : 550 Feet From The North Line and 2310 Feet From The East Line Section 11 Township 17-S Range 37-E , NMPM, Lea County					

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil Texas-New Mexico Pipe Line Company	<input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) P. O. Box 2528 Hobbs, New Mexico 88241				
Name of Authorized Transporter of Casinghead Gas Phillips 66 Natural Gas Company	<input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) 4001 Penbrook Odessa, Texas 79760				
If well produces oil or liquids, give location of tanks.	Unit B	Sec. 11	Twp. 17-S	Rge. 37-E	Is gas actually connected? Yes	When? 3/14/89

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 1/22/89	Date Compl. Ready to Prod. 3/14/89		Total Depth 11,810'		P.B.T.D. 11,749'			
Elevations (DF, RKB, RT, GR, etc.) 3756.7' GR 3770.2' KB	Name of Producing Formation Strawn		Top Oil/Gas Pay 11,520'		Tubing Depth 11,503'			
Perforations 11,520-11,558'					Depth Casing Shoe			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17 1/2"	13 3/8"		465'		490			
11"	8 5/8"		4498'		1975			
7 7/8"	5 1/2"		11810'		400			
5 1/2" csg	2 7/8"		11503'		---			

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 Tank 3/14/89	Date of Test 3/15/89	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 13 hrs.	Tubing Pressure 1275#	Casing Pressure 0#	Choke Size 18/64"
Actual Prod. During Test 363 bbls.	Oil - Bbls. 363 (670 calc. 24 hr. rate)	Water - Bbls. 0	Gas - MCF 722.4 (1334 calc. 24 hr. rate)

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. OPERATOR 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 David W. Hastings Production Manager
Printed Name David W. Hastings Title
Date 3/15/89 Telephone No. 915-683-1765

OIL CONSERVATION DIVISION

Date Approved MAR 17 1989
By ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR
Title _____

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.

RECEIVED
MAR 16 1989
OCD
HOBBS OFFICE