	STATE	OF	NEW	MEXICO	
ENERG	Y AND !	VIN	ERALS	DEPARTMENT	

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LAND OFFICE					
TRANSPORTER					
	-				
OPERATOR					
PROBATION OFFICE					

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OIL CONSERVATION DIVISION P. O. BOX 2088 SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE AND

AUTHORIZATION	то	TRANSPORT	OIL	AND	NATURAL	GAS

New Well Change in Transporter of: Procempletion Oll Change in Ownership Casingheed Gas To Haul 650 bbls. 0il from Test Tank Oct 1987 If change of ownership give narve and address of previous owner				
Address P. O. Box 31405 - Dallas, TX 75231-0405 Ressen(s) for filing (Check proper box) New Well New Well Change in Transporter of: Other (Please explain) To Haul 650 bbls. 0il from Test Tank Oct 1987 It change of ownership give nacre It change of ownership give nacre It change of previous owner It change of previous owner It change of where the previous owner It change It change Well No. Pool Name, Including Formation Kind of Lease Lease I	Noarburg Droducing Compa	~~~·		
Hersen(s) for filing (Check proper box) Change in Transporter of: Other (Please explain) New Well Other (Other (Please explain) Recompletion Other (Other (Please explain) To Haul 650 bbls. 0il from Test Tank Change in Ownership Casingheed Gas Change of ownership give name In DESCRIPTION OF WELL AND LEASE Lease Name Well No.	Address			
New Well Other (Please explain) New Well Change in Transporter of: To Haul 650 bbls. 0il from Test Tank Recompletion Other (Please explain) To Haul 650 bbls. 0il from Test Tank Change in Ownership Casingheed Gas Condenaste Oct 1987 If change of ownership give narve and address of previous owner In DESCRIPTION OF WELL AND LEASE Including Formation Kind of Lease Lease I	P. 0. Box 31405 - Dallas	TY 75231-0405		
New Well Change in Transporter of: Dry Gas Recompletion Oll Dry Gas Change in Ownership Casingheed Gas Dry Gas Change of ownership give name Casingheed Gas Oct 1987 If change of ownership give name Casingheed Gas Condensete II. DESCRIPTION OF WELL AND LEASE Vell No. Pool Name, Including Formation Kind of Lease			Other (Planes and in)	
If change of ownership give name and address of previous owner I. DESCRIPTION OF WELL AND LEASE Lease Name Well No. Pool Name, Including Formation Kind of Lease Lease I		Channe in Transmission of		
If change of ownership give name and address of previous owner			To Haul 650 bbls. Oil from Test	t Tank
If change of ownership give name and address of previous owner I. DESCRIPTION OF WELL AND LEASE Lease Name Well No. Pool Name, Including Formation Kind of Lease Lease I	- Recompletion		out icon	
I. DESCRIPTION OF WELL AND LEASE Losse Name Well No. Pool Name, Including Formation Kind of Lease Lease I	Change in Ownership	Casingheed Gas Condensate	Oct 1981	
			Kind of Lease	Legae No.
	WRIGHT	2 South Humble City-St	rawn State, Federal or Fee Fee	
Location	Location			
Unit Letter P : 1200 Feet From The South Line and 760 Feet From The East	that Letter P , 1200	Feet From The South Line and	60 Foot From The East	·····
Line of Section 12 Township 17S Range 37E , NMPM, Lea Coun	······································	hip 17S Plange 37E		
				County
HL, DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of 011 Or Condensate Address (Give address to which approved copy of this form is to be sent)	Line of Section 12 Townsh			County

Koch Service, Inc.					ckinridge, TX 76024	
Name of Authorized Transporter of C	esinghead	Ges 🗖	er Dry Ga	•	Addrees (Give address to which	approved copy of this form is to be sent)
If well produces all or liquids, give location of tanks.	Unit	Sec.	Twp. 175	Rge. 37E	Is gas actually connected?	, When 1

If this production is commingled with that from any other lease or pool, give commingling order numbers

NOTE: Complete Parts IV and V on reverse side if necessary.

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 is true and complete to the best of my knowledge and belief.

(Signature, R. MacDonald

Engineering Manager

October 22, 1987

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(Tule)

OIL CONSERVATION DIVISIO	N
APPROVED 0CT 27 1987	
BYORIGINAL SIGNED BY JERRY SEXT	ON

DISTRICT I SUPERVISOR TITLE .

This form is to be filed in compliance with RULE 1104.

If this is a request for allewable for a newly drilled or deepened well, this form must be accompatied 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 L. II. III, and VI for changes of owner, well name or number, or transporten or other such change of condition.

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

Form C-104 Revised 10-01-76 Formal 06-01-83 Page 1

Form C-104 Revised 10-01-78 Format 08-01-83 Page 2

CONTRACTORISTICS, CO. CO. CONTRACTORISTICS

IV. COMPLETION DATA

Designate Type of Completi	on – (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Beck	Some Restv.	DILL Res'
Date Spudded	Date Compl	. Reedy to P	rod.	Total Dept	h .	<u></u>	P.B.T.D.	• ·····	.
Elevations (DF, RKB, RT, GR, etc.;	Name of Pro	ducing Form	votion	Top Oll/Ge	is Pey		Tubing Dep	th	
Perforations	<u>.1</u>			<u> </u>	<u> </u>		Depth Cast	ng Shoe	
		TUBING,	CASING, AN	D CEMENTI	NG RECOR	D			
HOLE SIZE	CASI	NG & TUBI	NG SIZE		DEPTH SE	т	\$/	ACKS CEME	NT
				+				<u> </u>	
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L	<u> </u>			<u>i</u>					

V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top all-OIL WELL able for this depth or be for full 24 hows)

Dete First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift	. etc.)
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oli - Hbis.	Water - Bble.	Gas • MCF

GAS WELL

Actual Prod. Test-MCF/D	Longth of Test	Bala. Condessate/MMCF	Grevity of Condensate
Tooling Mothed (pitet, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (Shut-im)	Choke Size

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RECEIVED HOBBS OFFICE