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State of New Mexico  
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

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

Form C-104  
Revised 1-1-89  
See Instructions  
at Bottom of Page

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

Operator <b>HELMERICH &amp; PAYNE, INC.</b>		Well API No. <b>30-025-30647</b>
Address <b>P. O. BOX 548; IRAAN, TEXAS 79744</b>		
Reason(s) for Filing (Check proper box)		
New Well <input type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	<input checked="" type="checkbox"/> Other (Please explain) Gas has been connected to Gathering Facility.
Recompletion <input type="checkbox"/>		
Change in Operator <input type="checkbox"/>		
If change of operator give name and address of previous operator		

II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>R. E. Graham 7</b>	Well No. <b>2</b>	Pool Name, including Formation <b>N. Young Bone Springs</b>	Kind of Lease State, Federal or <b>Fee</b>	Lease No.
Location				
Unit Letter <b>J</b>	: <b>1950</b>	Feet From The <b>East</b>	Line and <b>1950</b>	Feet From The <b>South</b>
Section <b>7</b>	Township <b>18S</b>	Range <b>32E</b>	<b>NMPM</b>	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"/> <b>Koch Oil Company</b>	Address (Give address to which approved copy of this form is to be sent) <b>P. O. Box 1200; Hobbs, New Mexico</b>	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <b>Conoco Inc</b>	Address (Give address to which approved copy of this form is to be sent) <b>Briercrest Saving Center 200 N. Lorraine, Midland, Texas 79702</b>	
If well produces oil or liquids, give location of tanks.	Unit <b>J</b>	Sec. <b>7</b>
	Twp. <b>18S</b>	Rge. <b>32E</b>
Is gas actually connected? <b>YES</b>		When?

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	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded <b>10/08/89</b>	Date Compl. Ready to Prod. <b>12/28/89</b>	Total Depth <b>10,722'</b>		P.B.T.D. <b>8957'</b>				
Elevations (DF, RKB, RT, GR, etc.) <b>RKB - 3783.6</b>	Name of Producing Formation <b>Bone Springs</b>	Top Oil/Gas Pay <b>8337'</b>		Tubing Depth <b>8202'</b>				
Perforations <b>8337' - 46', 8372 - 8400', 8408 - 29', 8455' - 74'</b>				Depth Casing Shoe <b>10,722'</b>				
TUBING, CASINO AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		SACKS CEMENT				
<b>17 1/2"</b>	<b>13 3/8"</b>	<b>2 7/8"</b>		<b>660'</b>				
<b>11"</b>	<b>8 5/8"</b>	<b>3100'</b>		<b>700 SX</b>				
<b>7 7/8"</b>	<b>5 1/2"</b>	<b>10722'</b>		<b>710 SX</b>				
				<b>1,750 SX</b>				

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 allowable for this depth or be for full 24 hours.)			
Date First New Oil Run To Tank <b>December 17, 1989</b>	Date of Test <b>June 8, 1990</b>	Producing Method (Flow, pump, gas lift, etc.) <b>Flowing</b>	
Length of Test <b>24</b>	Tubing Pressure <b>180 PSI</b>	Casing Pressure <b>460PSI w/PKR</b>	Choke Size <b>14/64</b>
Actual Prod. During Test <b>210</b>	Oil - Bbls. <b>203</b>	Water - Bbls. <b>7</b>	Gas - MCF <b>256</b>

GAS WELL

Actual Prod. Test - MCF/D <b>256</b>	Length of Test <b>24</b>	Bbls. Condensate/MMCF <b>203</b>	Gravity of Condensate <b>37.2 @60 F</b>
Testing Method (pilot, back pr.) <b>Flowing-Frac Tank</b>	Tubing Pressure (Shut-in) <b>180 PSI</b>	Casing Pressure (Shut-in) <b>460 PSI</b>	Choke Size <b>14/64</b>

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  
**Ed Aishman**  
Printed Name  
**Ed Aishman**  
Date  
**6/23/90**  
Title  
**Production Foreman**  
Telephone No.  
**915-639-2526**

OIL CONSERVATION DIVISION

Date Approved **JUN 27 1990**

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  
JUN 26 1990  
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HOBBS OFFICE