

Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

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

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

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 HELMERICH & PAYNE, INC.		Well API No. 30-025-30647
Address 5401 S. HATTIE OKLAHOMA CITY, OK. 73129		
Reason(s) for Filing (Check proper box) New Well <input checked="" type="checkbox"/> Change in Transporter of: Recompletion <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Change in Operator <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> Other (Please explain) <input type="checkbox"/>		
If change of operator give name and address of previous operator _____		
Casinghead Gas MUST NOT BE FLARED AFTER <u>3-1-90</u> UNLESS AN EXCEPTION TO R-4070 IS OBTAINED.		

II. DESCRIPTION OF WELL AND LEASE

Lease Name R. E. GRAHAM 7	Well No. 2	Pool Name, Including Formation NORTH YOUNG BONE SPRINGS	Kind of Lease State, Federal or <u>(Fee)</u>	Lease No.
Location Unit Letter <u>J</u> : <u>1950</u> Feet From The <u>EAST</u> Line and <u>1950</u> Feet From The <u>SOUTH</u> Line Section <u>7</u> Township <u>18S</u> Range <u>32E</u> , NMPM, <u>LEA</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil KOCH	<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 2256 WICHITA, KS. 67201			
Name of Authorized Transporter of Casinghead Gas CONOCO	<input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) BRIERCREST SAVING CENTER 200 N. LORAIN - MIDLAND, TX. 79702			
If well produces oil or liquids, give location of tanks.	Unit J	Sec. 7	Twp. 18S	Rge. 32E	Is gas actually connected? <input type="checkbox"/> When ?
(NOT AT TIME OF THIS FILING)					

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 OCTOBER 8, 1989	Date Compl. Ready to Prod. DECEMBER 27, 1989	Total Depth 10722'	P.B.T.D. 8957'					
Elevations (DF, RKB, RT, GR, etc.) RKB- 3783.6'	Name of Producing Formation BONE SPRINGS	Top Oil/Gas Pay 8337'	Tubing Depth 8202'					
Perforations 8337'-46', 8372'-8400', 8408'-29', 8433'-52', 8455'-74'	TUBING, CASING AND CEMENTING RECORD		Depth Casing Shoe 10722'					
HOLE SIZE 17 1/2"	CASING & TUBING SIZE 13 3/8"	DEPTH SET 660'	SACKS CEMENT 700					
11"	8 3/8"	3100'	710					
7 1/8"	5 1/2"	10722'	1750					
	2 1/8"	8202'						

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 DECEMBER 17, 1989	Date of Test DECEMBER 19, 1989	Producing Method (Flow, pump, gas lift, etc.) FLOWING	
Length of Test 24 HOURS	Tubing Pressure 365 PSI	Casing Pressure 460 PSI w/PKR	Choke Size 14/64"
Actual Prod. During Test 210 BBLs	Oil - Bbls. 203	Water - Bbls. 7	Gas - MCF 157

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.

Roger G. Burau

Signature
ROGER G. BURAU DRLG SUPT.
Printed Name
01/02/90 (405) 677-0206
Date
Telephone No.

OIL CONSERVATION DIVISION

JAN 29 1990

Date Approved _____

By **ORIGINAL SIGNED BY JERRY SEXTON**

Title **DISTRICT I SUPERVISOR**

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
JAN 08 1990

RECEIVED
JAN 08 1990
OCD
HONOLULU OFFICE