

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 Helmerich & Payne, Inc.		Well API No. 30-025-30786
Address 5401 S. Hattie Oklahoma City, OK 73129		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain) CASINGHEAD GAS MUST NOT BE New Well <input checked="" type="checkbox"/> Change in Transporter of: <input type="checkbox"/> Dry Gas <input type="checkbox"/> FLARED AFTER 6-1-90 Recompletion <input type="checkbox"/> Oil <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> THIS WELL HAS BEEN PLACED IN THE POOL Change in Operator <input type="checkbox"/> UNLESS AN EXCEPTION TO R-4079 IS OBTAINED.		
If change of operator give name and address of previous operator DESIGNATED BELOW. IF YOU DO NOT CONCUR NOTIFY THIS OFFICE.		

#### II. DESCRIPTION OF WELL AND LEASE

Lease Name R.E. Graham # 7	Well No. 5	Pool Name, including Formation North Young Wolfcamp	Kind of Lease State, Federal or <u>Fee</u>	Lease No.
Location Unit Letter <u>K</u> : 1980 Feet From The <u>South</u> Line and 1910 Feet From The <u>West</u> Line Section <u>7</u> Township <u>18S</u> Range <u>32E</u> , 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"/> Koch	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 <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Conoco Inc	Address (Give address to which approved copy of this form is to be sent) Briercrest Saving Center 200 N. Loraine Midland, TX 79702	
If well produces oil or liquids, give location of tanks.	Unit I	Sec. 7
	Twp. 18S	Rge. 32E
Is gas actually connected? (not at time of this filing) 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 <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 02/09/90	Date Compl. Ready to Prod. 03/31/90		Total Depth 10700'		P.B.T.D. 10575'			
Elevations (DF, RKB, RT, GR, etc.) RKB - 3792'	Name of Producing Formation Wolfcamp		Top Oil/Gas Pay 10353'		Tubing Depth 10051'			
Perforations 10353'-10356', 10358'-10362'					Depth Casing Shoe 10696'			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17 1/2"	13 3/8"		650'		650			
11"	8 5/8"		3103'		875			
7 7/8"	5 1/2"		10696'		1630			
--	2 7/8"		10051'		--			

#### 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 03/29/90	Date of Test 03/30/90	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 Hrs.	Tubing Pressure 170	Casing Pressure 0/Pkr.	Choke Size 18/64"
Actual Prod. During Test 169 Bbls.	Oil - Bbls. 144	Water - Bbls. 25	Gas - MCF 510

#### 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. Bureau  
Signature  
Roger G. Bureau Drlg. Supt.  
Printed Name Title  
04/05/90 (405) 677-0206  
Date Telephone No.

#### OIL CONSERVATION DIVISION

Date Approved APR 9 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 recomplected 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.