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Appropriate District Office
DISTRICT I
P.O. Box 1080, Hobbs, NM 88240

State of New Mexico
Energy, Minerals and Natural Resources Department

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

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. 30-025-30914 |
| Address P. O. Box 548; Iraan, Texas 79744 | | |
| Reason(s) for Filing (Check proper box) <input checked="" type="checkbox"/> New Well <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Operator <input checked="" type="checkbox"/> Other (Please explain) <i>show gas connection</i> | | |
| Change in Transporter of: 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 | | |

II. DESCRIPTION OF WELL AND LEASE

| | | | | |
|--|---------------|--|---|-----------|
| Lease Name R.E. Graham "7" | Well No. 4 | Pool Name, Including Formation North Young Wolfcamp | Kind of Lease State, Federal or <u>Fee</u> | Lease No. |
| Location Unit Letter <u>0</u> : <u>660</u> Feet From The <u>South</u> Line and <u>1980</u> Feet From The <u>East</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 Koch | 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 Inc. | 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. Loraine Midland, Texas 79702 | | | | |
| If well produces oil or liquids, give location of tanks. | Unit I | Sec. 7 | Twp. 18S | Rge. 32E | Is gas actually connected? Yes | When? February 6, 1991 |

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 X | Gas Well | New Well X | Workover | Deepen | Plug Back | Same Res'v | Diff Res'v | |
| Date Spudded 12/02/91 | Date Compl. Ready to Prod. 01/19/91 | Total Depth 10700' | | P.B.T.D. 10632' | | | | | |
| Elevations (DF, RKB, RT, GR, etc.) RKB - 3787.3' | Name of Producing Formation Wolfcamp | Top Oil/Gas Pay 10360' | | Tubing Depth 10220' | | | | | |
| Perforations 10360' - 10384' | | | | | Depth Casing Shoe 10688' | | | | |
| TUBING, CASING AND CEMENTING RECORD | | | | | | | | | |
| HOLE SIZE | CASING & TUBING SIZE | | DEPTH SET | | SACKS CEMENT | | | | |
| 17 1/2" | 13 3/8" | | 645' | | 625' | | | | |
| 11 " | 8 5/8" | | 3100' | | 1325' | | | | |
| 7 7/8" | 5 1/2" | | 10688' | | 1550' | | | | |
| --- | 2 7/8" | | 10220' | | --- | | | | |

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 02/08/91 | Date of Test 02/20/91 | Producing Method (Flow, pump, gas lift, etc.) Pumping | |
| Length of Test 24 | Tubing Pressure | Casing Pressure | Choke Size |
| Actual Prod. During Test 200 | Oil - Bbls. 180 | Water - Bbls. 10 | Gas - MCF 300 |

GAS WELL

| | | | |
|---|---------------------------|------------------------------|-------------------------------------|
| Actual Prod. Test - MCF/D 300 | Length of Test 24 | Bbls. Condensate/MMCF 200 | Gravity of Condensate 42.0 @ 60F |
| Testing Method (pilot, back pr.) Thru Meter Loop | 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.

Carolyn Martin
Signature
Carolyn Martin Dist. Prod. Clerk
Printed Name
03-18-91 Title
Date 915-639-2526 Telephone No.

OIL CONSERVATION DIVISION

Date Approved MAR 21 1991

By ORIGINAL SIGNED BY JERRY SEXTON

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 tabular of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and completed 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