

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

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.D.B.	
LAND OFFICE	
TRANSPORTER	OIL
	NATURAL GAS
OPERATOR	
PRODUCTION OFFICE	
Operator	

Carbon Energy, Inc.

Address
P. O. Box 129, Hobbs, New Mexico 88240

Reason(s) for filing (Check proper box)

New Well ☒ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐

Other **CASINGHEAD GAS MUST NOT BE
FLARED AFTER 5/12/80
UNLESS AN EXCEPTION TO R-4070
IS OBTAINED.**

If change of ownership give name
and address of previous owner _____

DESCRIPTION OF WELL AND LEASE

Lease Name Shell State	Well No. 1	Pool Name, Including Formation Eumont (Queen)	Kind of Lease State, Federal or Fee	State	Lease
Location					
Unit Letter C	990	Feet From The N	Line and 1650	Feet From The W	
Line of Section 6	Township 19S	Range 37E	NMPM, Lea County		Co-

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Shell Pipeline Corporation	Address (Give address to which approved copy of this form is to be sent) Box 2648, Two Shell Plaza Houston, TX 77001					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> Northern Natural Gas Co.	Address (Give address to which approved copy of this form is to be sent) Box 2300, Midland, Texas 79701					
If well produces oil or liquids, give location of tanks.	Unit C	Sec. 6	Twp. 19S	Rge. 37E	Is gas actually connected? No	When Expected by 4/15/80

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

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 Reservoir <input type="checkbox"/>	Diff. F. <input type="checkbox"/>
Date Spudded 1/17/80	Date Compl. Ready to Prod. 3/7/80	Total Depth 4030'	P.B.T.D. 3990'					
Elevations (DF, RHH, RT, GR, etc.) 3730.6 GL	Name of Producing Formation Queen	Top Oil/Gas Pay	Tubing Depth 3960'					
Perforations 3890'-98'; 3910'-12'; 3926'-36'; 3948'-52'; 3962'-64'			Depth Casing Shoe 4030'					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE 12 1/4"	CASING & TUBING SIZE 8 5/8"	DEPTH SET 368'	SACKS CEMENT Circulated 100 s.					
7 7/8"	5 1/5"	4030'	Circulated 300 s.					

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 of hole for this depth or be for full 24 hours)

Date First New Oil Run To Tanks 3-7-80	Date of Test 3-23-80	Producing Method (Flow, pump, gas lift, etc.) POB 1 1/2" X 12'	
Length of Test 16 days	Tubing Pressure POB	Casing Pressure 20 psig	Choke Size -
Actual Prod. During Test 223	Oil - bbls. 18	Water - bbls. 0	Gas - MCF 55

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

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.

Stephen J. Garcia
(Signature)

Secretary-Treasurer

March 25, 1980

(Date)

OIL CONSERVATION DIVISION

APPROVED *[Signature]*, 1980

BY *[Signature]*

TITLE **SUPERVISOR DISTRICT I**

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

If this is a request for allowable for a newly drilled or deeper well, this form must be accompanied by a tabulation of the device tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for all wells on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of own well name or number, or transporter, or other such change of condition.

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