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U.S.D.A.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	
Operator	

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Carbon Energy, Inc.

Address

P. O. Box 129, Hobbs, NM 88240

Reason(s) for filing (Check proper box)

New Well ☒

Recompletion ☐

Change in Ownership ☐

Change in Transporter of:

Oil ☐

Casinghead Gas ☒

Dry Gas ☐

Condensate ☐

Other (Please explain)

If change of ownership give name  
and address of previous owner

DESCRIPTION OF WELL AND LEASE

\*30-025-26734

Lease No. <u>21</u>	Well No. <u>1</u>	Pool Name, Including Formation <u>Eunice Monument</u>	Kind of Lease State, Federal or Fee <u>State</u>	Lease No. <u>*</u>
Location <u>Aztec State #27</u>				
Unit Letter <u>K</u> ; <u>1980</u> Feet From The <u>South</u> Line and <u>1980</u> Feet From The <u>West</u>				
Line of Section <u>27</u> Township <u>20E</u> Range <u>36S</u> , NMPM, <u>Lea</u> County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>Basin, Inc.</u>	<u>P. O. Box 2296, Midland, TX 79702</u>
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>Warren Petroleum</u>	<u>P. O. Box 1589, Tulsa, OK 74102</u>
If well produces oil or liquids, give location of tanks.	Unit <u>K</u> Sec. <u>27</u> Twp. <u>20E</u> Rge. <u>36S</u>
	Is gas actually connected? <u>Yes</u> When <u>9-29-80</u>

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 Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded <u>4-9-80</u>	Date Compl. Ready to Prod. <u>5-23-80</u>		Total Depth <u>4330'</u>		P.B.T.D. <u>4190'</u>			
Elevations (D.F., R.A.B., R.T., G.R., etc.) <u>3588.0' GL</u>	Name of Producing Formation <u>Grayburg</u>		Top Oil/Gas Pay <u>4120'</u>		Tubing Depth <u>4090'</u>			
Perforations <u>4120' - 4140' (2 jspf)</u>					Depth Casing Shoe			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<u>11"</u>	<u>8 5/8"</u>	<u>385'</u>	<u>200</u>
<u>7 7/8"</u>	<u>5 1/2"</u>	<u>4329'</u>	<u>950</u>
	<u>2 7/8"</u>	<u>4090'</u>	

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 Tanks <u>5-23-80</u>	Date of Test <u>8-25-80</u>	Producing Method (Flow, pump, gas lift, etc.) <u>Pump</u>	
Length of Test <u>24 hours</u>	Tubing Pressure <u>POB</u>	Casing Pressure <u>20 lbs.</u>	Choke Size
Actual Prod. During Test <u>51 barrels</u>	Oil-Bbls. <u>13 bbls.</u>	Water-Bbls. <u>38 bbls.</u>	Gas-MCF <u>80</u>

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (prior, 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.

Laurie J. Buck  
(Signature)

President

(Title)

10-15-80

(Date)

OIL CONSERVATION DIVISION

APPROVED \_\_\_\_\_, 19 \_\_\_\_\_

Orig. Signed by

BY Jerry Sexton

Dist. & Supv.

TITLE \_\_\_\_\_

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

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

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

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

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

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OCT 16 1980

OIL CONSERVATION DIV.