

## OIL CONSERVATION DIVISION

P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

### REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator Western Reserves Oil Company Inc.	Well API No. 30-025-30804
Address P. O. Box 993, Midland, TX 79702	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
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"/>
THIS WELL HAS BEEN PLACED IN THE POOL	
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 Nadine "27"	Well No. 1	Pool Name, Including Formation Nadine Drinkard Abo 9/1/90	Kind of Lease State, Federal or Free	Lease No.
Location				
Unit Letter I : 2,310 Feet From The south Line and 330 Feet From The east Line				
Section 27 Township 19 S Range 38 E , 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"/> Sun Refining & Marketing Company	Address (Give address to which approved copy of this form is to be sent) 2415 East Hwy. 80, Midland, Tx 79701				
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Warren Petroleum Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 67, Monument, NM 88265				
If well produces oil or liquids, give location of tanks.	Unit I	Sec. 27	Twp. 19S	Rge. 38E	Is gas actually connected? When ? Yes May 7, 1990

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 4-07-90	Date Compl. Ready to Prod. 5-07-90		Total Depth 7,750'		P.B.T.D. 7,693'			
Elevations (DF, RKB, RT, GR, etc.) 3,609' RKB	Name of Producing Formation Abo		Top Oil/Gas Pay 7,150'		Tubing Depth 7,260'			
Perforations 7,358' - 7,654' (87 Holes)					Depth Casing Shoe 7,746'			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4"	8-5/8"		1,646'		850			
7-7/8"	5-1/2"		7,746'		1,200			
5-1/2"	2-3/8"		7,260'		NA			

### 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 5-02-90	Date of Test 5-08-90	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 24 Hours	Tubing Pressure 130 psi	Casing Pressure 0 (Packer)	Choke Size 24/64"
Actual Prod. During Test	Oil - Bbls. 63	Water - Bbls. 20	Gas- MCF 303

### 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.

Signature  
Christopher P. Renaud Engineer  
Printed Name  
5-09-90 (915) 683-5533  
Date  
Telephone No.

### OIL CONSERVATION DIVISION

Date Approved MAY 11 1990

By Orig. Signed by  
Paul Kautz  
Geologist

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 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

MAY 10 1990

OCD  
HOBBS OFFICE