

## OIL CONSERVATION DIVISION

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

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

#### I.

Operator Petroleum Technical Services Company	Well API No. 30-025-30854
Address 3000 North Garfield Street, Suite 210, Midland, Texas 79705	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Recompletion <input type="checkbox"/>	
Change in Operator <input type="checkbox"/>	
If change of operator give name and address of previous operator _____	

CASINGHEAD GAS MUST NOT BE  
FLARED AFTER 8-1-90  
UNLESS AN EXCEPTION TO R-4070  
IS OBTAINED.

#### II. DESCRIPTION OF WELL AND LEASE

Lease Name Carter	Well No. 1	Pool Name, Including Formation Wildcat, Abo <u>8 Nadene Also</u>	Kind of Lease State, Federal or Fee	Lease No. N/A
Location Unit Letter <u>I</u> : <u>660</u> Feet From The <u>East</u> Line and <u>1,980'</u> Feet From The <u>South</u> Line Section <u>30</u> Township <u>19-S</u> Range <u>39-E</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"/> Permian <u>SCURLOCK PERMIAN CORP EFF 9-1-91</u>	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1183, Houston, Texas 77251-1183	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> N/A	Address (Give address to which approved copy of this form is to be sent)	
If well produces oil or liquids, give location of tanks.	Unit <u>I</u>	Sec. <u>30</u>
	Twp. <u>19-S</u>	Rge. <u>39-E</u>
	Is gas actually connected? <u>No.</u>	
	When? <u>Unknown.</u>	

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 04-09-90	Date Compl. Ready to Prod. 05-19-90		Total Depth 7,900'		P.B.T.D. 7,590'			
Elevations (DF, RKB, RT, GR, etc.) 3,592' ground level	Name of Producing Formation Abo		Top Oil/Gas Pay		Tubing Depth 7,551'			
Perforations 7,456' - 7,562'					Depth Casing Shoe 7,900'			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-1/4"	8-5/8"		1,740'		850 sxs.			
7-7/8"	4-1/2"		7,900'		725 sxs.			
	2-3/8"		7,551'					

#### 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 05-09-90	Date of Test 06-15-90	Producing Method (Flow, pump, gas lift, etc.) Pump 1-1/2" x 2" x 18'	
Length of Test 24 hours	Tubing Pressure -----	Casing Pressure -----	Choke Size -----
Actual Prod. During Test	Oil - Bbls. 28	Water - Bbls. 3	Gas - MCF 75

#### 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.

Don C. Bennett  
Signature  
Don C. Bennett Owner/Operator  
Printed Name  
06-19-90 (915) 684-6603  
Date Telephone No.

OIL CONSERVATION DIVISION  
JUN 22 1990

Date Approved \_\_\_\_\_  
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 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.