

OIL CONSERVATION DIVISION

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

DISTRICT I
P.O. Drawer DD, Azusa, N.M. 88210

DISTRICT II
1009 RS BRIDGE RD, Azusa, N.M. 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator Saba Energy, Inc.		Well APT No.
Address 4500 W. Illinois # 205, Midland, Texas 79703		
Reason(s) for Filing (Check proper box) ☐ Other (Please explain)		
New Well ☐	Change in Transporter of:	
Recompletion ☐	Oil ☐	Dry Gas ☐
Change in Operator ☐	Casinghead Gas ☒	Condensate ☐
If change of operator give name and address of previous operator		

II. DESCRIPTION OF WELL AND LEASE

Lease Name Cone A	Well No. 1	Pool Name, Including Formation House Drinkard	Kind of Lease Lease Fee	Lease No.
Location Unit/Block <u>F</u> : <u>1980</u> Feet From The <u>North</u> Line and <u>1980</u> Feet From The <u>West</u> Line Section <u>12</u> Township <u>20 S</u> Range <u>38 E</u> , NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐ <u>Pride Pipeline</u>	Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐ <u>Sid Richardson Carbon and Gasoline Co.</u>	Address (Give address to which approved copy of this form is to be sent) <u>201 Main St., Ft. Worth, Texas 76102</u>	
If well produces oil or liquids, give location of tanks	Unit <u>F</u> Sec. <u>12</u> Twp. <u>20 S</u> Rge. <u>38 E</u>	Is gas actually connected? <u>yes</u> When? <u>5-1-74</u>
If this production is commingled with that from any other lease or pool, give commingling order number: <u>DHC-142</u>		

IV. COMPLETION DATA

Designate Type of Completion - ()	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Stratigraphic (DR, MKB, RT, CR, etc)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Perforations					Depth Casing Shoe			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			

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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Production - MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Producing Method (pump, gas lift, etc.)	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
D. A. Krawietz District Mgr.
Printed Name
2-25-92 915 694 9418
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved _____
By _____
Title _____

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- All sections of this form must be filled out for allowable on new and recompleted wells.
- Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- Sections I, II, III, and VI must be filed for each pool in multiply completed wells.