

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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DISTRIBUTION	
SANTA FE	
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U.S.D.	
LAND OFFICE	
TRANSPORTER	
OIL	
DAS	
OPERATION	
PRODUCTION OFFICE	

Operator Minerals, Inc.	
Address P. O. Box 1320 - Hobbs, New Mexico 88241	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	Also change the well name Grama Ridge Unit #5 back to the Government A #1. Effective: 6-28-85
Recompletion <input checked="" type="checkbox"/>	
Change in Ownership <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"/>	

If change of ownership give name and address of previous owner Llano, Inc. - P. O. Box 1320 - Hobbs, New Mexico 88241

II. DESCRIPTION OF WELL AND LEASE

Lease Name Government "A"	Well No. 1	Pool Name, including Formation Grama Ridge Morrow	Kind of Lease State, Federal or Fee Federal	Lease No. 033312
Location Unit Letter <u>F</u> ; <u>1650</u> Feet From The <u>North</u> Line and <u>1650</u> Feet From The <u>West</u> Line of Section <u>10</u> Township <u>22 South</u> Range <u>34 East</u> , NMPM, <u>Lea</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) P. O. Drawer 159 - Artesia, New Mexico 88210	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1320 - Hobbs, New Mexico 88241	
If well produces oil or liquids, give location of tanks.	Unit <u>F</u>	Sec. <u>10</u>
	Twp. <u>22S</u>	Rge. <u>34E</u>
	Is gas actually connected? <u>Yes</u> When <u>6-28-85</u>	

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

V. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		<u>X</u>		<u>X</u>		<u>X</u>		<u>X</u>
Date Spudded <u>12-9-65</u>	Date Compl. Ready to Prod. <u>6-28-85</u>		Total Depth <u>13,400'</u>		P.B.T.D. <u>12,800'</u>			
Elevations (DF, RAB, RT, GR, etc.) <u>3583 DF, 3585 KB</u>	Name of Producing Formation <u>Morrow (X)</u>		Top Oil/Gas Pay <u>12,694'</u>		Tubing Depth <u>12,380'</u>			
Perforations <u>12,694'-12,714' (Gamma Ray - CCL)</u>					Depth Casing Shoe <u>13,400'</u>			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<u>22"</u>	<u>16" 65#</u>	<u>388'</u>	<u>755 sx</u>
<u>13-3/4"</u>	<u>10-3/4" 51#</u>	<u>5750'</u>	<u>1970 sx</u>
<u>9-5/8"</u>	<u>7-5/8" 29.7# & 33.7#</u>	<u>11920'</u>	<u>600 sx</u>
<u>Unknown</u>	<u>5' liner 2-3/8" tbq</u>	<u>11745'-13400'</u>	<u>375 sx</u>

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

GAS WELL

Actual Prod. Test-MCF/D <u>920</u>	Length of Test <u>24 hrs.</u>	Bble. Condensate/MMCF <u>40 BO & 83 BW</u>	Gravity of Condensate <u>-</u>
Testing Method (prior, back pr.) <u>Pipeline</u>	Tubing Pressure (Shut-in) <u>3300 psig</u>	Casing Pressure (Shut-in) <u>0</u>	Choke Size <u>11/64"</u>

I. 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.



Al Klaar

Vice President - Engineering

July 9, 1985

(Date)

OIL CONSERVATION DIVISION	
APPROVED <u>JUL 25 1985</u>	19
BY <u>ORIGINAL SIGNED BY</u>	
DISTRICT SUPERVISOR	
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 conditions.

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

RECEIVED
JUL - 9 1985
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