

OIL CONSERVATION DIVISION

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

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

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

I.

Operator BABER WELL SERVICING CO.	Well API No. 30-025-22165
Address P. O. BOX 1772, HOBBS, NM 88240	
Reason(s) for Filing (Check proper box) <input checked="" type="checkbox"/> Other (Please explain) REQUEST FOR ALLOWABLE	
New Well <input type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Recompletion <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Change in Operator <input type="checkbox"/>	

If change of operator give name and address of previous operator Cancel House Worked

II. DESCRIPTION OF WELL AND LEASE

Lease Name HOWSE "C"	Well No. 1	Pool Name, Including Formation HOUSE ABO	Kind of Lease State, Federal or Fee	Lease No. PAGE
Location Unit Letter <u>H</u> : <u>1980</u> Feet From The <u>NORTH</u> Line and <u>660</u> Feet From The <u>EAST</u> Line Section <u>11</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 <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> PERMIAN SCURLOCK PERMIAN CORP EFF 9-1-91	Address (Give address to which approved copy of this form is to be sent) P. O. BOX 1183, HOUSTON, TX 77251-1183
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> WARREN PETROLEUM	Address (Give address to which approved copy of this form is to be sent) P. O. BOX 1150, MIDLAND, TX 79702
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When ? H 11 20 38 YES 10-1-89

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	Workover <input checked="" type="checkbox"/>	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded RE-ENTERED 11-10-88	Date Compl. Ready to Prod. 10-1-89	Total Depth 7810	P.B.T.D.					
Elevations (DF, RKB, RT, GR, etc.) 3577' RKB	Name of Producing Formation ABO	Top Oil/Gas Pay 7300'	Tubing Depth 7780'					
Perforations 7300-7649	Depth Casing Shoe							
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		SACKS CEMENT				
HOLE & CSG. SIZE								
AS/ AMOCO	2 3/8" TBD.	7780'						

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 10-1-89	Date of Test 10-6-89	Producing Method (Flow, pump, gas lift, etc.) PUMP	
Length of Test 24 HRS.	Tubing Pressure 22#	Casing Pressure 25#	Choke Size 2"
Actual Prod. During Test	Oil - Bbls. 85	Water - Bbls. 35	Gas- MCF 135

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.

Ga Baber / KH
Signature
COY A. BABER PRESIDENT
Printed Name
10-31-89 505-393-5516
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved NOV 2 1989
By ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT 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.