

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES RECEIVED	
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FILE	
U.S. DEPT. OF THE INTERIOR	
LAND OFFICE	
TRANSPORTER	
OPERATOR	
PRODUCTION OFFICE	
OPERATOR	

MINERALS, INC.

Address P. O. Box 1320 Hobbs, New Mexico 88240

Reason(s) for filing (Check proper box)	Other (Please explain)
New Well ☒	
Recompletion ☐	
Change in Ownership ☐	
Change in Transporter of:	
Oil ☐	Dry Gas ☐
Casinghead Gas ☐	Condensate ☐

If change of ownership give name
and address of previous ownerTHIS WELL HAS BEEN PLACED IN THE POOL
DESCRIBED BELOW. IF YOU DO NOT CONCUR
COPY THIS OFFICE.

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Llano "3" State Com.	1	East Grama Ridge Lower Springs	State, Federal or Fee State	E-9141-1
Location				
Unit Letter	H	1980 Feet From The North	Line and 660 Feet From The East	
Line of Section	3	Township	22 South	Range 34 East
			NMPM	Lea
				County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐	Address (Give address to which approved copy of this form is to be sent)					
Southern Union Refining Co.	P. O. Box 980 Hobbs, New Mexico 88240					
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐	Address (Give address to which approved copy of this form is to be sent)					
Llano, Inc.	P. O. Box 1320 Hobbs, New Mexico 88240					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Reg.	Is gas actually connected?	When
	H	3	22S	34E	Yes	8-12-80

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

COMPLETION DATA

Designate Type of Completion -- (X)	Oil Well ☒	Gas Well ☐	New Well ☒	Workover ☐	Deepen ☐	Plug Back ☐	Some Resrv. Diff. Resrv. ☐
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.		
3-14-80	8-12-80		13310		13268		
Elevations (DF, RAB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth		
3592.5 GL 3614 KB	Bone Springs		10719		10714		
Perforations					Depth Casing Shoe		
10719 - 10745					11180		

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
20	16" 65# H-40	1160	1200
14 3/4	10 3/4" 45.5# K-55	5607	5925
9 1/2	7 5/8" 29.7# S-95	11180	2700
6 1/2	5 1/2" 23.3# N-80	liner 10849-13310	425

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)

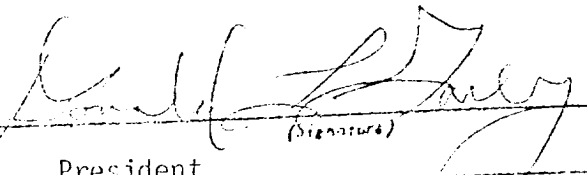
Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
8-12-80	9-25-80	Gas lift	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hrs.	220	1200	1"
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
-	28	483	230

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (flow, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

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.


President
(Date)
10/2/80
(Date)

OIL CONSERVATION DIVISION

APPROVED _____, 19__

BY _____

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 allow-
able on new and recompleted wells.Fill out only Sections I, II, III, and VI for changes of owner,
well name or number, or transporter of other such change of condition.
Separate forms C-104 must be filed for each pool in multiple.

