

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**
Sahara Operating Co. Well API No. 30-025-27647-00
Address
1608 N. Big Spring, P.O. Box 10280, Midland, TX 79702
Reason(s) for Filing (Check proper box)
New Well ☐ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Operator ☒ Casinghead Gas ☐ Condensate ☐
Other (Please explain) _____
If change of operator give name and address of previous operator ARCO Oil and Gas Company, P.O. Box 1610, Midland, TX 79702

II. DESCRIPTION OF WELL AND LEASE

Lease Name State 731 **Well No.** 4 **Pool Name, Including Formation** JALMAT YATES 7 RIVERS **Kind of Lease** (State) Federal or Fee **Lease No.** E-8077
Location
Unit Letter M : 990 Feet From The South Line and 660 Feet From The West Line
Section 25 Township 22S Range 35E, NMPM, Lea County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐
Texas New Mexico Pipeline Company **Address (Give address to which approved copy of this form is to be sent)** P.O. Box 2528, Hobbs, NM 88240
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐
Phillips Petroleum Corporation **Address (Give address to which approved copy of this form is to be sent)** 4001 Penbrook, Odessa, TX 79762
If well produces oil or liquids, give location of tanks. Unit L Sec. 25 Twp. 22S Rge. 35E Is gas actually connected? Yes When? 2-25-82

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 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.
Elevations (DF, RKB, RT, GR, 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 Prod. Test - MCF/D Length of Test Bbls. Condensate/MMCF Gravity of Condensate
Testing Method (prior, 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.

Sahara Oper.
Signature Ray Sharp, Pres.
Printed Name Title
Date 11-13-92 Telephone No. 915-687-4220

OIL CONSERVATION DIVISION

Date Approved 11-13-92
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.

153/12