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FILE
JULY 1981
LAND OFFICE
TRANSPORTER OIL
GAS
OPERATOR
PRORATION OFFICE

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form 1-1-4
Supersedes Old C-101 and C-11
Effective 1-1-81

I. **OWNER**
Crowr Central Petroleum Corporation
4000 N. Big Spring, Suite 213, Midland, TX 79705
Reason for filing of this form: ☐ Change of ownership ☒ Other (Please explain)
New Well ☐ Existing Well ☐ ☒ Extension of Existing Well ☐ ☐ Other (Please explain)
If change of ownership give name and address of previous owner

II. **DESCRIPTION OF WELL AND LEASE**

Lease Name: McCallister Well No.: 4 Pool Name, including Formation: West Nadine (Blinebry) Kind of Lease: State, Federal, or Fee Fee
Location: Section: N 660 Foot From The: South Line: 1930 Foot From The: West
Range: 5 Township: 20S Range: 38E Section: 1930 Lea County

III. **DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS**

Name of Authorized Transporter of Oil and Natural Gas: Pride Pipeline Company Address (Give address to which approved copy of this form is to be sent): P.O. Box 2436, Abilene, TX 79604
Name of Authorized Transporter of Natural Gas: Warren Pet Address (Give address to which approved copy of this form is to be sent):
If well produces oil or liquids, give location of tanks: Unit: M Sec: 5 Twp: 20S Rng: 38E Is gas actually connected? Yes When: Nov 2, 1982

IV. **COMPLETION DATA**

Designate Type of Completion - (X) ☒ Oil Well ☐ Gas Well ☐ New Well ☐ Workover ☐ Deepen ☐ Plug Back ☐ Same hole, Diff. hole
Date Spudded: Date Compl. Ready to Prod.: Total Depth: P.S.T.D.:
Name of Producing Formation: Top of Gas Pay: Casing 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

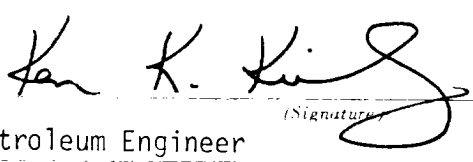
Date of Test: Date of Test: Flowing Method (Flow, pump, gas lift, etc.):
Length of Test: Casing Pressure: Casing Pressure: Choke Size:
Actual Prod. During Test: Oil-Bbls.: Water-Bbls.: Gas-MCF:

GAS WELL

Actual Prod. Test-MCF: Length of Test: Bbls. Condensate/MCF: Gravity of Condensate:
Flowing Method (pitot, back pr.): Casing Pressure: Casing Pressure: Choke Size:

VI. **CERTIFICATE OF COMPLIANCE**

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.


K.K. Kirby
Petroleum Engineer

November 11, 1986

OIL CONSERVATION COMMISSION
APPROVED: NOV 14 1986
BY: ORIGINAL SIGNED BY JERRY SEXTON
TITLE: DISTRICT SUPERVISOR

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 Sections I, II, III, and VI only for changes of owner, well name or number, or transporter or other such change of condition.
Supersedes Forms C-101 and C-114