

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

CO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.O.	
LAND OFFICE	
TRANSPORTER	OIL
	NAT
OPERATOR	
PRODUCTION OFFICE	

Operator

Quanah Petroleum, Inc.

Address

14800 Quorum Drive, Suite 500, Dallas, TX 75240

Reason(s) for filing (Check proper box)

New Well ☒
Recompletion ☐
Change in Ownership ☐

Change in Transporter of:

Oil ☐
Casinghead Gas ☐Dry Gas ☐
Condensate ☐

Other (Please explain)

I am requesting casinghead gas from
this well to be sold to the
State's Management ServiceIf change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Elliott A Federal	Well No. 3	Pool Name, Including Formation Littman San Andres	Kind of Lease State, Federal or Fee Federal	Lease No. NM 055460
Location				
Unit Letter <u>2</u> : <u>2240</u> Feet From The <u>west</u> Line and <u>990</u> Feet From The <u>north</u>				
Line of Section <u>9</u> Township <u>21S</u> Range <u>38E</u> , NMPM, <u>Lea</u> 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"/> JM Petroleum	Address (Give address to which approved copy of this form is to be sent) 2000 North Tower, Plaza of the Americas, Dallas, TX 75201	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> Not enough gas for contract negotiation	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 9	Sec. 21S
	Twp. 38E	Rge.
	Is gas actually connected? <u>No</u> When	

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 <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded 9-15-82	Date Compl. Ready to Prod. 11-17-82	Total Depth 4700'	P.B.T.D. 4438'					
Elevations (DF, RKB, RT, GR, etc.) 3371.1 GL	Name of Producing Formation San Andres	Top Oil/Gas Pay 4315'	Tubing Depth 4135'					
Perforations 4325'-4372'			Depth Casing Shoe					

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
	8-5/8"	1601'	850 Lt + 200 CL C
	4-1/2"	4698'	700 Howe + 300 50/50
	2-3/8"	4135	

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 11-18-82	Date of Test 4-7-83	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hours	Tubing Pressure	Casing Pressure 35	Choke Size 1/2"
Actual Prod. During Test	Oil - Bbls. 2.54	Water - Bbls. 3.26	Gas - MCF 46

GAS WELL

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

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.


(Signature)

Operations Technician

(Title)

4-11-83

(Date)

OIL CONSERVATION DIVISION

APR 21 1983

APPROVED _____, 19

BY ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I 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 deviating 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 condition.

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

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O.C.D.
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