

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

Form OCM-1
Supersedes OCM-1 (1978) and OCM-1 (1979)
Effective 1-1-83

LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

Operator MORRIS R. ANTWEIL	
Address P. O. Box 2010, Hobbs, New Mexico 88240	
Reasons, including (check proper box):	
New Well <input checked="" type="checkbox"/>	Change in Transporter oil: <input type="checkbox"/>
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of ownership give name and address of previous owner

THIS WELL HAS BEEN PLACED IN THE POOL
DESIGNATED BELOW. IF YOU DO NOT CONCUR
NOTIFY THIS OFFICE.

II. DESCRIPTION OF WELL AND LEASE

Lease Name MOBY	Well No. 1	Pool Name, including formation <u>Undesignated Drinkard</u>	Kind of Lease State, Federal or Fee Fee	Lease No. --
Location				
Unit Letter D	330	Feet From The West Line and	810	Feet From The North
Line of Section 7	Township 20S	Range 38E	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"/>	Address (Give address to which approved copy of this form is to be sent) The Permian Corporation P. O. Box 1183, Houston, TX 77001					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) Warren Petroleum Corporation P. O. Box 1589, Tulsa, OK 74102					
If well produces oil or liquids, give location of tanks.	Unit A	Sec. 12	Twp. 20S	Rge. 37E	Is gas actually connected? Yes	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 Resv. Diff. Resv. <input type="checkbox"/>
Date Spudded Nov 22, 1982	Date Compl. Ready to Prod. Feb 20, 1983		Total Depth 7063'		P.B.T.D. 6983'		
Elevations (DF, RKB, RT, GR, etc.) 3562' GR	Name of Producing Formation Drinkard		Top Oil/Gas Pay 6826		Tubing Depth 6967		
Perforations 6826-6886 (19 holes)					Depth Casing Shoe 7063		
TUBING, CASING, AND CEMENTING RECORD							
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT		
12-1/4	8-5/8		1500		800		
7-7/8	5-1/2		7063		600		
	2-3/8		6967				

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 Feb 20, 1983	Date of Test March 3, 1983	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hrs	Tubing Pressure ---	Casing Pressure ---	Choke Size ---
Actual Prod. During Test 79.9 bbls	Oil-Bbls. 63.9	Water-Bbls. 16.0	Gas-MCF 161

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. 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.


Agent

OIL CONSERVATION COMMISSION

APPROVED MAR 8 1983, '83
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 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 only Sections I, II, III, and VI for changes of owner, well name or number, or transportation or other such change of operation.

RECORDED
MAR 7 1983
O.C.D.
HOBBS OFFICE

RECORDED
MAR 7 1983
O.C.D.
HOBBS OFFICE