



STATE OF NEW MEXICO
ENERGY, MINERALS AND NATURAL RESOURCES DEPARTMENT
OIL CONSERVATION DIVISION
HOBBS DISTRICT OFFICE

October 15, 1987

GARREY CARRUTHERS
GOVERNOR

POST OFFICE BOX 1980
HOBBS, NEW MEXICO 88241-1980
(505) 393-6161

Maxus Exploration Company
P.O. Box 10397
Midland, TX 79702

Attn: Greg A. Drwenski

Re: Federal #2-P
Section 34, T22S, R34E

Gentlemen:

Thank you for your prompt response to our request for several additional forms pertaining to the multiple completion of the above-referenced well.

I have examined your multiple completion application and it appears to be in order with one exception. The packer is set too far above your Morrow perforations. You will need to make a written request to Mike Stogner in our Santa Fe office requesting an exception to the packer setting depth on this well. There should not be a problem with obtaining an exception since there is a liner in the well.

If you get your gas connected, it will be OK for you to go ahead and commence the sale of gas prior to the receipt of the packer setting exception since everything else is in order.

Your C-104's, Authorization to Transport Natural Gas, will be approved as soon as we receive a notice of gas connection from your gas transporter, Natural Gas Pipeline Company of America.

Very truly yours,

OIL CONSERVATION DIVISION

Jerry Sexton
Supervisor, District I

JS/ED/ed

*Verbal
exception
from Mike
Stogner
12-4-87*

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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	GAS
OPERATOR	
PRODUCTION OFFICE	

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
Format 08-01-83
Page 1

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator **MAXUS EXPLORATION COMPANY**

Address **P.O. Box 10397, Midland, TX 79702**

Reason(s) for filing (Check proper box)

<input checked="" type="checkbox"/> New Well	Change in Transporter of:	Other (Please explain)
<input type="checkbox"/> Recombination	<input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas	
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate	

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

K-8584- 2/1/88

Lease Name Federal	Well No. 2	Pool Name, including Formation Antelope Ridge (Morrow)	Kind of Lease State, Federal or Fee Federal	Lease No. 19143
Location Unit Letter P : 660 Feet From The East Line and 660 Feet From The South				
Line of Section 34 Township 22-S Range 34-E , NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Scurlock Oil Company (915) 683-3052	511 W. Ohio, Suite 200, Midland, TX 79701
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Natural Gas Pipeline Company of America	P.O.Box 283/3050 Post Oak Blvd, Houston, TX77001
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
P 34 22-S 34-E	No Yes November 1, 1987

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

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. 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 is true and complete to the best of my knowledge and belief.

GREG DRWENSKI
GREG DRWENSKI (Signature)
SENIOR PRODUCTION ENGINEER
(Title)
October 8, 1987
(Date)

OIL CONSERVATION DIVISION

APPROVED **DEC 4 1987**, 19 _____
BY **Orig. Signed by**
Paul Kautz
TITLE **Geologist**

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 transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells.

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 January 19, 1987			X	X					
Date Compl. Ready to Prod. September 7, 1987		Total Depth 13,562		P.B.T.D. 13,512					
Elevations (DF, RKB, RT, CR, etc., 3430 RKB		Name of Producing Formation Morrow		Top Oil/Gas Pay 13,338		Tubing Depth 13,081			
Perforations 18 3/8" - 22 1/2"						Depth Casing Shoe 13,559			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17 1/2	13 3/8 - 48#	725	540
12 1/4	9 5/8 - 36#	4,848	1975
8 3/4	7 - 26 & 23#	11,715	500
6 1/8	5 1/2 BH Liner	TOP 11367-Bottom 13559	225

V. TEST DATA AND REQUEST FOR ALLOWABLE (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	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 4535	Length of Test 2 hours	Bbls. Condensate/MMCF 0.22 BC/MMCF	Gravity of Condensate 45.5° API
Testing Method (pilot, back pr.) Back Pressure	Tubing Pressure (Shut-In) 4700 psig	Casing Pressure (Shut-In) 3100 psig	Choke Size 10/64

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ENERGY AND MINERALS DEPARTMENT

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TRANSPORTER	<input checked="" type="checkbox"/> OIL
OPERATOR	<input checked="" type="checkbox"/> GAS
PRODUCTION OFFICE	

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P. O. BOX 2088
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<input checked="" type="checkbox"/> New Well	Change in Transporter of:	Other (Please explain)
<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	

If change of ownership give name
and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name: Federal Well No.: 2 Pool Name, including Formation: Antelope Ridge (Atoka) Kind of Lease: Federal Lease No.: 19143

Location: Unit Letter P : 660 Feet From The East Line and 660 Feet From The South

Line of Section 34 Township 22-S Range 34-E, NMPM, Lea County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS


Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
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Natural Gas Pipeline Company of America	P.O. Box 283/3050 Post Oak Rd, Houston, TX 77001
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	P 34 22-S 34-E No Yes November 1, 1987

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

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. 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 is true and complete to the best of my knowledge and belief.


Greg Drwenski (Signature)
Senior Production Engineer (Title)
October 8, 1987 (Date)

OIL CONSERVATION DIVISION
APPROVED DEC 4 1987
BY ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR
TITLE _____

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Date Spudded January 19, 1987	Date Compl. Ready to Prod. September 7, 1987		Total Depth 13,562		P.B.T.D. 13,512				
Elevations (DF, RKB, RT, CR, etc.) 3430' RKB	Name of Producing Formation Atoka		Top Oil/Gas Pay 12,191		Tubing Depth 13,348				
Perforations 12,191 - 12,244						Depth Casing Shoe 13,559			

TUBING, CASING, AND CEMENTING RECORD

MOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17 1/2	13 3/8 - 48#	725	540
12 1/4	9 5/8 - 36#	4,848	1975
8 3/4	7 - 26 & 23#	11,715	500
6 1/8	5 1/2" BH Liner	Top 11,367-Bottom 13559	225

V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of lead 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	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 1686	Length of Test 24 hours	Bbls. Condensate/MMCF 42.11 BC/MMCF	Gravity of Condensate 49.8° API
Testing Method (pilot, back pr.) Back Pressure	Tubing Pressure (Shut-In) 3050 psig	Casing Pressure (Shut-In) 3100 psig	Choke Size 21/64

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