

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

DUPLICATE

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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DISTRIBUTION	
SANTA FE	
FILE	
U.S.D.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

Operator
Euratex CorporationAddress
3030 South College Avenue Suite 206, Fort Collins, CO 80525

Reason(s) for filing (Check proper box)

New Well	<input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion	<input type="checkbox"/>	Oil	<input checked="" type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

Other (Please explain)

If change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name Closson "B"	Well No. 32Y	Pool Name, including Formation Jalmat-Yates	Kind of Lease State, Federal or Fee Federal	Lease No. LC030132B
Location Unit Letter <u>I</u> ; <u>1980</u> Feet From The <u>south</u> Line and <u>701</u> Feet From The <u>east</u> Line Line of Section <u>19</u> Township <u>22S</u> Range <u>36E</u> , NMFN, Lea County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Texas New Mexico Pipeline	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 <input checked="" type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> Texaco USA <u>Pack</u>	Address (Give address to which approved copy of this form is to be sent) P. O. Box 3002, Tulsa, OK 74102	
If well produces oil or liquids, give location of tanks.	Unit L	Sec. 19
	Twp. 22S	Rge. 36E
	Is gas actually connected? When yes 1-12-87	

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

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 11-21-86	Date Compl. Ready to Prod. 1-5-87	Total Depth 3920'	P.B.T.D. 3841.7'					
Elevations (DF, RKB, RT, GR, etc.) 3549.8 GR	Name of Producing Formation Yates	Top Oil/Gas Pay 3365'	Tubing Depth 3260'					
Perforations 3286'-3302', 3314', 3341'-3356', 3368'-3456'			Depth Casing Shoe 3864'					

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/4"	8-5/8"	448'	275
7-7/8"	4-1/2"	3864'	760

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 1-12-87	Date of Test 1-12-87	Producing Method (Flow, pump, gas lift, etc.) rod pump	
Length of Test 24 hours	Tubing Pressure 50 PSI	Casing Pressure open to atm	Choke Size open
Actual Prod. During Test 5 BO, 100 MCF	Oil-Bble. 5 BOPD	Water-Bble. -0-	Gas-MCF 100 MCFD

GAS WELL

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

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.

Ronald J. Fey

Petroleum Engineer

March 25, 1987

OIL CONSERVATION DIVISION

APPROVED MAR 30 1987, 19BY ORIGINAL SIGNED BY JERRY SEXTON
TITLE DISTRICT I 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 deviate 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 multi-

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