

**OIL CONSERVATION DIVISION**  
P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

**REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS**

Send CK  
1/14/93

I.

Operator <b>Capataz Operating, Inc.</b>	Well API No. <b>30-025-31006</b> ✓
Address <b>P.O. Box 2083, Midland, Texas 79702</b>	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Recompletion <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Change in Operator <input checked="" type="checkbox"/>	Effective Nov. 1, 1992
If change of operator give name and address of previous operator <b>Seay Exploration, Inc.</b> Midland, TX 79702	

**II. DESCRIPTION OF WELL AND LEASE**

Lease Name <b>House</b>	Well No. <b>1</b>	Pool Name, including Formation <b>House, <del>Drilled</del> Blinberry, South</b>	Kind of Lease State, Federal or Fee <input checked="" type="radio"/>	Lease No.
Location Unit Letter <b>D</b> : <b>330</b> Feet From The <b>N</b> Line and <b>330</b> Feet From The <b>W</b> Line Section <b>13</b> Township <b>20S</b> Range <b>38E</b> , NMPM, LEA County				

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

Name of Authorized Transporter of Oil or Condensate <input checked="" type="checkbox"/> <b>Petro Source Partners, LTD</b>	Address (Give address to which approved copy of this form is to be sent) <b>9801 Westheimer, Ste. 900, Houston, TX 77042</b>	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> <b>Sid Richardson Carbon &amp; Gas Co.</b>	Address (Give address to which approved copy of this form is to be sent) <b>201 Main St., Fort Worth, TX 76102</b>	
If well produces oil or liquids, give location of tanks.	Unit <b>D</b> Sec. <b>13</b> Twp. <b>20S</b> Rge. <b>38E</b>	Is gas actually connected? <b>Yes</b> When? <b>1-91</b>
If this production is commingled with that from any other lease or pool, give commingling order number: <b>DCU 005</b>		

**IV. COMPLETION DATA**

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well	Workover	Deepen	Plug Back	Same Recv	Diff Recv
Date Spudded <b>10-13-90</b>	Date Compl. Ready to Prod. <b>12-30-90</b>		Total Depth <b>7750</b>		P.B.T.D. <b>7697</b>			
Elevations (DF, RKB, RT, GR, etc.) <b>3561 GL</b>	Name of Producing Formation <b>Drilled</b>		Top Oil/Gas Pay <b>6927</b>		Tubing Depth <b>6058</b>			
Perforations				Depth Casing Shoe <b>7750</b>				
<b>TUBING, CASING AND CEMENTING RECORD</b>								
HOLE SIZE <b>12-1/4"</b> <b>4-1/2"</b>	CASING & TUBING SIZE <b>8-5/8"</b> <b>7-7/8"</b>		DEPTH SET <b>1700'</b> <b>7750'</b>		SACKS CEMENT <b>900 9x C1 C</b> <b>800 9x C1 C</b>			

**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 Tank	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	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. OPERATOR 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 **H. Scott Davis** President  
Printed Name **1/1/93** Title  
Date **915-682-7664** Telephone No.

**OIL CONSERVATION DIVISION**

Date Approved **JAN 20 1993**  
Signed by **Paul Kautz**  
By **Geologist**  
Title

**INSTRUCTIONS:** This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.