

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

DEPT. OF ENERGY RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.O.	
LAND OFFICE	
TRANSPORTER	OIL <input type="checkbox"/> GAS <input type="checkbox"/>
OPERATOR	
PRODUCTION OFFICE	

Operator J. R. CONE	
Address P. O. BOX 10217, LUBBOCK, TEXAS 79408	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/> Recompletion <input checked="" type="checkbox"/> Change in Ownership <input type="checkbox"/>	Change in Transporter oil: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

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

DESCRIPTION OF WELL AND LEASE

Lease Name EUBANKS	Well No. 2	Pool Name, including Formation BLINNEY, TUBB , DRINKARD	Kind of Lease State, Federal or Fee FEE	Lease No.
Location Unit Letter <u>L</u> : <u>1980</u> Feet From The <u>South</u> Line and <u>660</u> Feet From The <u>West</u> Line of Section <u>14</u> Township <u>21-South</u> Range <u>37-East</u> , NMPM, <u>Lea</u> County				

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)	
Texas New Mexico Pipeline Company		
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)	
El Paso Natural Gas Company		
If well produces oil or liquids, give location of tanks.	Unit <u>L&M</u> Sec. <u>14</u> Twp. <u>21S</u> Rge. <u>37E</u>	Is gas actually connected? <u>Yes</u> When <u>January 1953</u>

If this production is commingled with that from any other lease or pool, give commingling order number: DHC-473

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> New Well <input 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 <u>4-18-49</u> Workover Started <u>7-9-84</u>	Date Compl. Ready to Prod. <u>5-28-49</u>
Elevations (DF, RKB, RT, GR, etc.) <u>3422 DF</u>	Name of Producing Formation <u>BLINNEY, TUBB, DRINKARD</u>
Perforations <u>14 3/4" Open Hole 6572-6622</u>	Top Oil/Gas Pay <u>5672</u>
<u>14 3/4" Tubing 5672-5984</u>	<u>14 3/4" Tubing 6055-6230</u>

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
16 3/4	13 3/8	242	200
9 3/4	8 5/8	2791	1200
7 3/4	5 1/2	6567	500

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 <u>8-20-84</u>	Date of Test <u>8-30-84</u>	Producing Method (Flow, pump, gas lift, etc.) <u>Flow</u>	
Length of Test <u>24 hrs</u>	Tubing Pressure <u>70</u>	Casing Pressure <u>540</u>	Choke Size <u>22/64</u>
Actual Prod. During Test <u>3.5</u>	Oil-Bbls. <u>3.5</u>	Water-Bbls. <u>TR</u>	Gas-MCF <u>960</u>

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

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.

James R. Cone Jr.
(Signature)
AGENT
(Title)
8/31/84
(Date)

OIL CONSERVATION DIVISION

APPROVED SEP 6 1984
BY ORIGINAL SIGNED BY JERRY SEXTON
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 transporter, or other such change of condition.
Separate Forms C-104 must be filed for each pool in multiple completed wells.

RECEIVED

SEP 5 1994

C.C.O.
HOBBS OFFICE