

OIL CONSERVATION DIVISION

P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

DISTRICT II  
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

Operator <b>CAMPBELL &amp; HEDRICK</b>	Well API No.
Address <b>P. O. BOX 401, MIDLAND, TEXAS 79702</b>	
Reason(s) for Filing (Check proper box) <input checked="" type="checkbox"/> Other (Please explain)	
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input checked="" type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> <b>DHC 754</b>
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
If change of operator give name and address of previous operator <b>DHC w/ Subb</b>	

II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>WEATHERLY</b>	Well No. <b>1</b>	Pool Name, Including Formation <b>TUBBS &amp; DRINKARD</b>	Kind of Lease FEE State, Federal or Fee	Lease No. <b>-</b>
Location Unit Letter <b>B</b> : <b>330'</b> Feet From The <b>North</b> Line and <b>1650</b> Feet From The <b>East</b> Line Section <b>17</b> Township <b>21S</b> Range <b>37E</b> , 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"/> <b>ATLANTIC RICHFIELD TX NM Pipeline</b>	Address (Give address to which approved copy of this form is to be sent) <b>P. O. BOX 668, DALLAS, TEXAS 75221</b>	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <b>Texaco Producing Inc.</b>	Address (Give address to which approved copy of this form is to be sent) <b>P. O. Box 3000, TULSA, OKLA 74102</b>	
If well produces oil or liquids, give location of tanks.	Unit <b>B</b>	Sec. <b>17</b>
	Twp. <b>21S</b>	Rge. <b>37E</b>
	Is gas actually connected? <b>yes</b> When? <b>1951</b>	
If this production is commingled with that from any other lease or pool, give commingling order number: <b>DHC 754</b>		

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded	Date Compl. Ready to Prod. <b>March 9, 1990</b>		Total Depth <b>6684</b>		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.) <b>3500GR</b>	Name of Producing Formation <b>Tubbs &amp; Drinkard</b>		Top Oil/Gas Pay <b>6289</b>		Tubing Depth <b>6585</b>			
Perforations <b>Drinkard 6582-6682</b>					Depth Casing Shoe <b>6582</b>			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
<b>12 1/2</b>	<b>10 3/4</b>		<b>282</b>		<b>200</b>			
<b>8 3/4</b>	<b>7 5/8</b>		<b>2759</b>		<b>1000</b>			
<b>6 5/8</b>	<b>5 1/2</b>		<b>6582</b>		<b>300</b>			
	<b>2 3/8</b>		<b>6585</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 <b>March 9, 1990</b>	Date of Test <b>10/15/90</b>	Producing Method (Flow, pump, gas lift, etc.) <b>PUMP</b>	
Length of Test <b>24 hrs.</b>	Tubing Pressure <b>30</b>	Casing Pressure <b>35</b>	Choke Size <b>3/4</b>
Actual Prod. During Test	Oil - Bbls. <b>15 6</b>	Water - Bbls. <b>1</b>	Gas- MCF <b>142.4-57</b>

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 **O. F. HEDRICK, JR.** PARTNER  
Printed Name  
Date **10/23/90** Telephone No. **915-684-4393**

OIL CONSERVATION DIVISION  
**OCT 31 1990**

Date Approved

By **ORIGINAL SIGNED BY JERRY SEXTON**  
DISTRICT I SUPERVISOR

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.

RECEIVED

**OCT 26 1990**

OCD  
HOBBS OFFICE