OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator

J. R. CONE

Address

P. O. BOX 10217, LUBBOCK, TEXAS 79408

Reason(s) for filing (Check proper box)

New Well	☐	Change in Transporter of:			
Recompletion	☒	Oil	☐	Dry Gas	☐
Change in Ownership	☐	Casinghead Gas	☐	Condensate	☐

Other (Please explain)

If change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
ANDERSON	2	WANTZ ABO POOL	State, Federal or Fee FEE	

Location

Unit Letter I : 1650 Feet From The SOUTH Line and 330 Feet From The EAST

Line of Section 21 Township 21S Range 37E , NMPM, LEA County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐	Address (Give address to which approved copy of this form is to be sent)
TEXAS NEW MEXICO PIPE LINE CO.	P. O. Box 2528, Hobbs, New Mexico 88240
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐	Address (Give address to which approved copy of this form is to be sent)
GETTY OIL COMPANY	P. O. Box 3000, Tulsa, Oklahoma, 74102

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	I	21	21S	37E	YES	

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
	X			X	X			X

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
12/03/81	12/11/81	8250	7205
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
3435 DF ; 3425 GR	WANTZ ABO	7162	7082 PACKER
Perforations			Depth Casing Shoe
7162-7198			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
RAN 8/15/49	13 3/8	760	
	8 5/8	2789	
	5 1/2	8247	
	2 3/8	7082	

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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
12/11/81	12/30/81	PUMP	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 Hours	35	-0-	1 1/2
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
50	12	38	1.96

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, 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.

(Signature)

AGENT

(Title)

01/14/81

(Date)

OIL CONSERVATION DIVISION

APPROVED , 19

BY

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 multiply completed wells.