

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF EXPLOIT. PERMITTED		
E. ESTIMATED OIL		
SANTAGE		
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL GAS	
OPERATOR		
PRODUCTION OFFICE		

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator		POST PETROLEUM COMPANY, INC.	
Address		15 North Robinson, Suite 1000 Colcord Building Oklahoma City, Oklahoma 73012	
Reason(s) for filing (Check proper box)		Other (Please explain)	
New Well	<input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/> Condensate <input type="checkbox"/>
		Report of completed well and authorization to transport 150 bbls crude immediately	

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

I. DESCRIPTION OF WELL AND LEASE.

Lease Name LLANO 31 FEDERAL	Well No. 1	Pool Name, Including Formation Black Bear Shale UNDESG. D-K ABO	Kind of Lease State, Federal or Fee Federal	Lease No. NM-17252
Location Unit Letter F ; 1980 Feet From The North Line and 1980 Feet From The West Line of Section 31 Township 20S Range 39E , NMPM, Lea County				

(Purchaser-Tomlinson Crude Corp.; Dallas, TX)

I. 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)	
Southern Union Refining					P.O. Box 980; Hobbs, NM 88260	
Name of Authorized Transporter of casinghead Gas: <input type="checkbox"/> or Dry Gas: <input type="checkbox"/>					Address (Give address to which approved copy of this form is to be sent)	
NA						
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When will be used for fuel on lease.
	F	31	20S	39E		

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 X	Gas Well	New Well X	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 9-9-80	Date Compl. Ready to Prod. 1-6-81		Total Depth 7580'			P.B.T.D. 7540'			
Elevations (DF, RKB, RT, CR, etc., KB-3549' GR-3562'	Name of Producing Formation BLINEBRY		Top Oil/Gas Pay 6055'			Tubing Depth 6099'			
Perforations Blinebry-6055-6117' D-K ABO- 7310-7510' (See attached) Not prod. below RBP @ 6192'.						Depth Casing Shoe 7580'			
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4"		8 5/8" - 23#		1670'		760sx			
7 7/8"		4 1/2" - 10.5 & 11.6#		7580'		2025sx			

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 12-21-80	Date of Test 12-30-80	Producing Method (Flow, pump, gas lift, etc.) Swabbing during test. (will have pump.)	
Length of Test 10 hrs	Tubing Pressure -0-	Casing Pressure -0-	Choke Size 1"
Actual Prod. During Test	Oil - Bbls. 28	Water - Bbls. 76	Gas - MCF 42

GAS WELL

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

Betty Hollrah
Production Clerk

(Signature)

January 21, 1981

(Title)

(Date)

OIL CONSERVATION DIVISION

APPROVED _____, 19 _____

BY 042 Signed by

TITLE Jerry S. Olson
Don L. Meyer

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.