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LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

*AMENDED REPORT
(Original sent 11-18-80)

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

POST PETROLEUM COMPANY, INC.

Address
15 North Robinson; Suite 1000 Colcord Building; Oklahoma City, Oklahoma 73102

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)

Request for Allowable to transfer 450 BO produced during testing of the ABO formation.

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name LLANO 31 FEDERAL	Well No. 1	Pool Name, Including Formation 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 , NMPL, LEA County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS (Gatherer-Southern Union Refining, Hobbs, N.M.)

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Tomlinson Petroleum, Inc.	Address (Give address to which approved copy of this form is to be sent) 1341 W. Mockingbird Land; Suite 416 East Dallas, Texas 75247
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> NONE AS YET	Address (Give address to which approved copy of this form is to be sent)
If well produces oil or liquids, give location of tanks.	Unit : F Sec. : 31 Twp. : 20S Rge. : 39E Is gas actually connected? NO When : Upon Completion

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" 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 9-9-80	Date Compl. Ready to Prod. (Testing as of 12-03-80)	Total Depth 7580'	P.B.T.D. 7540'					
Elevations (DF, RKB, RT, GR, etc.) GR-3562' KB-3549'	Name of Producing Formation ABO	Top Oil/Gas Pay 7310'	Tubing Depth 7140'					
Perforations 7450-7510; 7310-7407			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					

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 Tanks 12-04-80	Date of Test 11-18	Producing Method (Flow, pump, gas lift, etc.) Swab testing to frac tank	
Length of Test 10 hrs	Tubing Pressure 0	Casing Pressure 0	Choke Size NA
Actual Prod. During Test 52BF	Oil-Bbls. 34	Water-Bbls. 18	Gas-MCF TSTM

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (prior, back prod)	Tubing Pressure (Shot-in)	Casing Pressure (Shot-in)	Choke Size

VI. 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.

Production Clerk

(Title)

December 3, 1980

(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

REGISTRY AND MINERALS DEPARTMENT

Form C-103
Revised 12-1-73

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

First Report 11/18/80
*First Amended Report 12/3/80

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Amended

NO. OF DEEDS RECORDED

DISTRIBUTION

SANTA FE

FILE

U.S.O.S.

LAND OFFICE

TRANSPORTER

OIL

GAS

OPERATOR

PRODUCTION OFFICE

Operator

POST PETROLEUM COMPANY, INC.
Address
15 North Robinson, Suite 1000 Colcord Building, Oklahoma City, Oklahoma 73102

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)
Change of Transporter of Oil for the requested transfer of the 450 BO sent 12/3/80

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name LLANO 31 FEDERAL	Well No. 1	Pool Name, Including Formation 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 NMPL, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> Southern Union Refining,	Address (Give address to which approved copy of this form is to be sent) P.O.Box 980, Hobbs, New Mexico 88260					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> NA	Address (Give address to which approved copy of this form is to be sent)					
If well produces oil or liquids, give location of tanks.	Unit F	Sec. 31	Twp. 20S	Rge. 39E	Is gas actually connected? NO	When Upon Completion

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" 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 9-9-80	Date Compl. Ready to Prod. (Testing as of 12/16/80)		Total Depth 7580'		P.B.T.D. 7540'			
Elevations (DF, RKB, RT, GR, etc.) GR-3562' KB-3549'	Name of Producing Formation ABO		Top Oil/Gas Pay 7310'		Tubing Depth 7140'			
Perforations 7450-7510; 7310-7407					Depth Casing Shoe 7580'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
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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 Tanks	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 prod)	Tubing Pressure (Shut-In)	Casing Pressure (Shut-In)	Choke Size

VI. 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 Hellrah
(Signature)
Production Clerk
December 16, 1980
(Date)

OIL CONSERVATION DIVISION
APPROVED
BY Leslie A. Clements
TITLE OIL & GAS INSPECTOR
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 deviate 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 conditions.