REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

DISTRIBUTION		
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER OIL		
GAS		
OPERATOR		
PRORATION OFFICE		

I.

Operator
Kern Co.

Address
250 Mid America Building., Midland, Texas 79701

Reason(s) for filing (Check proper box)

New Well ☐   Change in Transporter of: Other (Please explain)

Recompletion ☒   Oil ☐   Dry Gas ☐

Change in Ownership ☐   Casinghead Gas ☐   Condensate ☐

If change of ownership give name
and address of previous owner _____ ~~THIS WELL HAS BEEN PLACED IN THE POOL~~ ~~DESIGNATED BELOW IF YOU DO NOT CONCUR~~ ~~NOTIFY THIS OFFICE.~~

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
M. L. Goins	4	Blinebry R-714 (11-1-82) State, Federal or Fee	Fee	N.A.

Location

Unit Letter **I** ; **330** Feet From The **East** Line and **1650** Feet From The **South**

Line of Section **7** Township **21S** Range **37E** County **Lea**

III. 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)
The Permian Corporation Permian (EH 9/1/87)	Box 1183, Houston, Texas 77001
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐	Address (Give address to which approved copy of this form is to be sent)
El Paso Natural Gas Company	Box 1492, El Paso, Texas 79978

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	I	7	21S	37E	yes	November 1, 1981

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

Date Spudded WO initiated	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
5/8/82	5/10/82	6974	6470

Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
3495 GL	Blinebry	5518	5760

Perforations	Depth Casing Shoe
5520 to 5819	6974

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/2"	8 5/8"	1312'	900 sx
7 7/8"	4 1/2"	6974'	2300 sx
4"	2 3/8"	5760'	none

V. TEST DATA AND REQUEST FOR ALLOWABLE

(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)
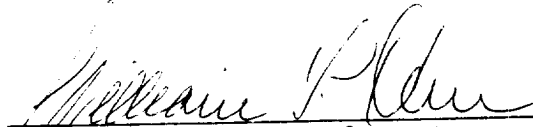
OIL WELL

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)
5/11/82	5/12/82	Pump

Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hours	40 psig	40 psig	none

Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF
6 barrels oil	6 barrels	no	5

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

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

William G. Kern (Signature)

William G. Kern
Engineer (Title)

6/8/82 (Date)

OIL CONSERVATION COMMISSION

APPROVED **JUN 24 1982** , 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.