

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

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATION	
PRODUCTION OFFICE	
Operator	

Operator: Dallas McCasland

Address: c/o Oil Reports & Gas Services, Inc. Box 763, Hobbs, NM 88240

Reason(s) for filing (Check proper box) Other (Please explain)

New Well Change in Transporter of:

Recompletion Oil Dry Gas

Change in Ownership Casinghead Gas Condensate

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

DESCRIPTION OF WELL AND LEASE LC-032573 (b)

Lease Name <u>Elliott</u>	Well No. <u>2</u>	Pool Name, Including Formation <u>Eumont</u>	Kind of Lease State, Federal or Fee <u>Federal</u>	Lease No. <u>Above</u>
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Location
Unit Letter A : 660 Feet From The North Line and 660 Feet From The East

Line of Section 7 Township 22S Range 37E, NMPM, Lea County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <u>Koch Oil Company of Texas Inc.</u>	Address (Give address to which approved copy of this form is to be sent) <u>P. O. Box 1558, Breckenridge, TX 76024</u>
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>Getty Oil Company</u>	Address (Give address to which approved copy of this form is to be sent) <u>P. O. Box 3000, Tulsa, OK 74102</u>

If well produces oil or liquids, give location of tanks. Unit A Sec. 7 Twp. 22S Rge. 37E is gas actually connected? Yes When 4/7/84

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 <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input checked="" type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input checked="" type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input checked="" type="checkbox"/>
Date Spudded work began <u>8/23/74</u>	Date Compl. Ready to Prod. <u>4/24/84</u>	Total Depth <u>3719</u>	P.B.T.D. <u>3692</u>					
Elevations (DF, RKB, RT, GR, etc.) <u>NA</u>	Name of Producing Formation <u>Yates, 7 Rivers, Queen</u>	Top Oil/Gas Pay <u>2612</u>	Tubing Depth <u>3668</u>					
Perforations <u>2612-2877, 2907-3352, 3368-88</u>			Depth Casing Shoe <u>3460</u>					

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<u>12 1/4</u>	<u>10 3/4</u>	<u>323</u>	<u>200</u>
<u>7 7/8</u>	<u>5 1/2</u>	<u>3460</u>	<u>400</u>
	<u>2 3/8</u>	<u>3668</u>	

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 <u>4/7/84</u>	Date of Test <u>4/25/84</u>	Producing Method (Flow, pump, gas lift, etc.) <u>Pump</u>	
Length of Test <u>24hrs</u>	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls. <u>58</u>	Water - Bbls. <u>4</u>	Gas - MCF <u>230</u>

GAS WELL

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

Dennis Heller
(Signature)
Agent
(Title)
4/26/84
(Date)

OIL CONSERVATION DIVISION

APPROVED APR 27 1984
ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT SUPERVISOR

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 multiple completed wells.

