

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator	ZACHARY OIL OPERATING COMPANY	Well API No.	
Address	P. O. BOX 1969, EUNICE, NEW MEXICO 88231		
Reason(s) for Filing (Check proper box)	<input checked="" type="checkbox"/> Change of Purchaser to: Phillips Petroleum Co., Trucking 4001 Peabrooke Odessa, Texas 79762		
New Well	<input type="checkbox"/>	Change in Transporter of:	<input checked="" type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Recompletion	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/> Condensate <input type="checkbox"/>
Change in Operator	<input type="checkbox"/>		
If change of operator give name and address of previous operator			

I. DESCRIPTION OF WELL AND LEASE

Lease Name	HINTON	Well No.	4	Pool Name, including Formation	BLINEBRI OIL	Kind of Lease	State, Federal or Prop.	Lease No.	FEE
Location	Unit Letter <u>I</u> : <u>1980</u> Feet From The <u>South</u> Line and <u>660</u> Feet From The <u>East</u> Line								
Section	12	Township	22S	Range	37E	NM	LEA	County	

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	PHILLIPS PETROLEUM CO., TRUCKING			Address (Give address to which approved copy of this form is to be sent)			4001 Peabrooke, Odessa, Texas 79762		
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Levac Prod			Address (Give address to which approved copy of this form is to be sent)					
Well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually transported?	When?			
	I	12	22S	37E	Yes	May 9, 1946			
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
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Perforations					Depth Casing Shoe			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			

V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL (Test must be after recovery of total volume of load oil and must be made at least 24 hours after this depth or be full 24 hours.)			
Date First New Oil Run To Tank	Date of Test	Casing Pressure (Shut-in)	
Length of Test	Tubing Pressure	Casing Pressure (Shut-in)	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF
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

VI. OPERATOR 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.

Ray A. Pierce
Signature
RAY A. PIERCE
Printed Name
4-3-89
Date
505-394-2150
Telephone No.
PROD. SUPT.

OIL CONSERVATION DIVISION
APR 5 1989

Date Approved
By ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR
Title

INSTRUCTIONS: This form is to be filed in compliance with Rule 111.

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation logs taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name, number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.

APR 1969

APR 1969

RECEIVED

APR 4 1969

OOD
HOBBS OFFICE