

OIL CONSERVATION DIVISION

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

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. 30-025-30607
Address P. O. BOX 1969, EUNICE, NEW MEXICO 88231		
Reason(s) for Filing (Check proper box) New Well <input checked="" type="checkbox"/> Recompletion <input type="checkbox"/> Change in Operator <input type="checkbox"/> Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> Other (Please explain) <input type="checkbox"/>		CASINGHEAD GAS MUST NOT BE FLARED AFTER 8-25-89 UNLESS AN EXCEPTION TO R-4070 IS OBTAINED.
If change of operator give name and address of previous operator _____		

II. DESCRIPTION OF WELL AND LEASE

Lease Name HINTON	Well No. 7	Pool Name, Including Formation WANTZ GRANITE WASH	Kind of Lease State, Federal or Fee <input checked="" type="checkbox"/>	Lease No.
Location Unit Letter I : 1650 Feet From The SOUTH Line and 660 Feet From The EAST Line Section 12 Township 22S Range 37E , NMPM, LEA County				

III. 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 COMPANY	Address (Give address to which approved copy of this form is to be sent) 4001 Penbrook, Odessa, Texas 79762					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Texaco Producing, Inc.	Address (Give address to which approved copy of this form is to be sent) P. O. Box 3000, Tulsa, Okla. 74102					
If well produces oil or liquids, give location of tanks.	Unit I	Sec. 12	Twp. 22S	Rge. 37E	Is gas actually connected? No	When ?

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	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 4-30-89	Date Compl. Ready to Prod. 6-25-89		Total Depth 7592'		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.) 3333.0 GR.	Name of Producing Formation WANTZ GRANITE WASH		Top Oil/Gas Pay 7398'		Tubing Depth 7315'			
Perforations 7398 to 7556---36 holes					Depth Casing Shoe 7592'			

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4"	8-5/8"---24#	1260'	780 sx-2% CC
7-7/8"	5 1/2"---17#	7592'	945 sx POZ "A"
			790 sx Pacesetter Lt.
	2-7/8"	7315'	200 sx Neat

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 Tank 6-25-89	Date of Test 6-27-89	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hrs	Tubing Pressure 30#	Casing Pressure 25#	Choke Size 2"
Actual Prod. During Test 50	Oil - Bbls. 48	Water - Bbls. 2 bbls---acid water	Gas- MCF 11

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	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 Prod. Supt.
Printed Name
6-30-89 **394-2150**
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved **JUL 05 1989**
By **ORIGINAL SIGNED BY JERRY SEXTON**
DISTRICT I SUPERVISOR
Title

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

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

RECEIVED

JUL 3 1989

OCJ
HOBBS OFFICE