

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 DESIRED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.O.B.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

Operator
Carter Foundation Production Company

Address
P. O. Box 900, Kermit, Texas 79745

Reason(s) for filing (Check proper box)

New Well ☐
Recompletion ☒
Change in Ownership ☐

Change in Transporter of:

Oil ☐ Dry Gas ☐
Casinghead Gas ☐ Condensate ☐

Other (Please explain)

To change Lease & Well Number from
Eva E. Blinebry #18 to E. C. Hill "B"
Federal #5

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name E. C. Hill "B" Federal	Well No. 5	Pool Name, including Formation Teague Blinebry	Kind of Lease State, Federal or Fee Federal LC-064118	Lease No. C-064118
Location Unit Letter <u>B</u> ; <u>990</u> Feet From The <u>North</u> Line and <u>1655</u> Feet From The <u>East</u> Line of Section <u>34</u> Township <u>23-South</u> Range <u>37-East</u> , NMPM, <u>Lea</u> 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"/> Texas-New Mexico Pipe Line Company	Address (Give address to which approved copy of this form is to be sent) Box 52332, Houston, Texas 77052					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> El Paso Natural Gas Company	Address (Give address to which approved copy of this form is to be sent) Box 1492, El Paso, Texas 79999					
If well produces oil or liquids, give location of tanks.	Unit B	Sec. 34	Twp. 23-S	Rge. 37-E	Is gas actually connected? Yes	When 5-5-81

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 type="checkbox"/>	Workover <input 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 XXXXXX PB 4-1-81	Date Compl. Ready to Prod. 4-22-81		Total Depth 9737'		P.B.T.D. 5500' CIBP			
Elevations (DF, RKB, RT, GR, etc.) 3276'DF, 3262'GR	Name of Producing Formation Blinebry		Top Oil/Gas Pay 4912'		Tubing Depth 5226'			
Perforations 4912', 16', 20', 29', 34', 36', 46', 50', 54', 66', 70', 74', 78' 82', 97', 5001', 04', 18', 22', 26', 44', 48', 52', 55', 58'					Depth Casing Shoe 9582'			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17-1/2"	13-3/8"	322'	300 sx-circulated
8-1/4"	7-5/8"	2918'	850 sx-Top @ 375'
6-3/4"	5-1/2"	9582'	500 sx-Top @ 5350'
	2-3/8" Tbg.	5226'	

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 5-5-81	Date of Test 5-11-81	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 Hrs.	Tubing Pressure -	Casing Pressure -	Choke Size 2"
Actual Prod. During Test 199.3	Oil-Bbls. 19.3	Water-Bbls. 180	Gas-MCF 112

GAS WELL

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

V. 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.

Robert D. Fitting
(Signature)

Agent

(Title)

5-14-81

(Date)

OIL CONSERVATION DIVISION

APPROVED

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 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 condition.

Separate Form C-104 must be filed for each pool in multiple completed wells.