

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.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
REGISTRATION OFFICE	

Operator
Carter Foundation Production Company

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

Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	To change lease name from E. C. Hill "M" Federal to E. C. Hill "D" Federal
Recompletion <input checked="" type="checkbox"/>	
Change in Ownership <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"/>	

If change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE				
Lease Name E. C. Hill "D" Federal	Well No. 4	Pool Name, including Formation Teague Devonian	Kind of Lease State, Federal or Fee Federal LC	Lease No. -064118
Location				
Unit Letter A	990	Feet From The North	Line and 660	Feet From The East
Line of Section 34	Township 23-South	Range 37-East	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"/> 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 10-5-81

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 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 8-14-81	Date Compl. Ready to Prod. 9-17-81	Total Depth 9400'	P.B.T.D. 7255'
Elevations (DF, RKB, RT, GR, etc.) 3263'DF	Name of Producing Formation Devonian	Top Oil/Gas Pay 7148'	Tubing Depth 7066'
Perforations 7148', 52', 56', 60', 64', 72', 76', 80', 84', 88', 92', 96', 7202' & 06' (14 Intervals, 28 Holes)			Depth Casing Shoe 9510'

TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17-1/2"	13-3/8"	323'	300 sx.-circulated
12-1/4"	9-5/8"	2902'	2000 sx.-Top @ 500'
8-3/4"	7"	9399'	265 sx.-Top @ 6200'
	2-3/8" tbq.	7066'	


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 10-5-81	Date of Test 10-7-81	Producing Method (Flow, pump, gas lift, etc.) Pumping - 1-1/4" Insert	
Length of Test 24 Hrs.	Tubing Pressure 30	Casing Pressure 45	Choke Size 2"
Actual Prod. During Test 159.1	Oil-Bbls. 9.1	Water-Bbls. 150	Gas-MCF 10

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

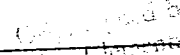
I. CERTIFICATE OF COMPLIANCE

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.


(Signature)
Agent
(Title)
10-9-81
(Date)

OIL CONSERVATION DIVISION
OCT 28 1981

APPROVED _____, 19____

BY 
Les Clements
Oil & Gas Insp.

TITLE _____

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepen 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 own 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.