

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.O.B.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	
Operator	

Texas West Oil & Gas Corporation

Address

2651 North Harwood St, Suite 120, Dallas, TX 75201

Reason(s) for filing (Check proper box)

New Well	☐	Change in Transporter of:	
Recompletion	☐	Oil	☐
Change in Ownership	☐	Casinghead Gas	☐
		Dry Gas	☒
		Condensate	☒

Other (Please explain)

If change of ownership give name
and address of previous owner

2. DESCRIPTION OF WELL AND LEASE

Lease Name Federal "9"	Well No. 1	Pool Name, Including Formation Antelope Ridge (Morrow)	Kind of Lease State, Federal or Free Federal	Lease No. 0554252
Location Unit Letter <u>B</u> : <u>660</u> Feet From The <u>North</u> Line and <u>1980</u> Feet From The <u>East</u> Line of Section <u>9</u> Township <u>24-S</u> Range <u>34 E</u> , NMPM, <u>Lea</u> County				

3. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☒ Permian Corporation	Address (Give address to which approved copy of this form is to be sent) P O Box 3119 Midland, TX 79702	
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒ Sid Richardson (Permian Nat'l Gas)	Address (Give address to which approved copy of this form is to be sent) P O Box 1226, Jal, NM 88252	
If well produces oil or liquids, give location of tanks.	Unit B	Sec. 9
	Twp. 24S	Rge. 34E
	Is gas actually connected? <u>Yes</u> When <u>10-1-1990</u>	

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'tv. Diff. Res't
		☒					☒
Date Spudded 1-23-74	Date Compl. Ready to Prod. 6-13-74	Total Depth 14,134	M.O.T.D. 14,080				
Elevations (DF, RND, RT, GR, etc.) 3552 GR	Name of Producing Formation Morrow	Top Oil/Gas Pay 13,586	Casing Depth 13,480				
Perforations (2 - .40" shots/ft) 13586-13612; 13829-13853; 13858-13874 13879-13890; 13896-13904; 14003-14010			Depth Casing Shoe 14132				
TUBING, CASING, AND CEMENTING RECORD							
HOLE SIZE 26"	CASING & TUBING SIZE 20"	DEPTH SET 1050	SACKS CEMENT 1785				
17-1/8"	13-3/8"	5500	3293				
12-1/4"	9-5/8"	12530	3200				
7-7/8"	5-1/2 (liner)	12113-14132	575				

4. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of lost 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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D 200	Length of Test 24 hrs	Bbls. Condensate/MMCF 0	Gravity of Condensate
Testing Method (prod, back pr.) Production	Tubing Pressure (shut-in) 500	Casing Pressure (shut-in) 0	Choke Size 32/64

5. 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.

Agent

10-16-90

(Title)

(Date)

OIL CONSERVATION DIVISION

OCT 17 1990

APPROVED _____, 19____

BY _____ ORIGINAL SIGNED BY JERRY SEXTON

DISTRICT I SUPERVISOR

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 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 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.

RECEIVED

OCT 17 1990

OCD
HOBBS OFFICE