

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 EXPLORATION	
CONTRIBUTION	
SANTA FE	
FILE	
NUMBER	
LAND OFFICE	
TRANSPORTATION	
OIL	
GAS	
OPERATION	
PRODUCTION OFFICE	
Operator	

Rice Engineering & Operating, Inc.

Address

122 W. Taylor, Hobbs, New Mexico 88240

Reason(s) for filing (Check proper box)

New Well ☐Recompletion ☐Change in Ownership ☐

Change in Transporter of:

Oil ☐Casinghead Gas ☐Dry Gas ☐Condensate ☐

Other (Please explain)

Change in lease name only

If change of ownership give name
and address of previous owner

1. DESCRIPTION OF WELL AND LEASE

Lease Name Justis SWD "H"	Well No. 2	Pool Name, including Formation Justis G-SA-G1	Kind of Lease State, Federal or Fee State	Lease -
Location				
Unit Letter H	1980	Feet From The North Line and 560	Feet From The east	
Line of Section 2	Township 26S	Range 37E	N.M.P.M.	Lea County

2. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☐	Address (Give address to which approved copy of this form is to be sent)
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐	Address (Give address to which approved copy of this form is to be sent)
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When

If this production is commingled with that from any other lease or pool, give commingling order number:

3. COMPLETION DATA

Designate Type of Completion -- (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same as Test	Other
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Elevation (DF, RRS, 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

4. 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	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	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (Flow, back pt.)	Tubing Pressure (Shot-in)	Casing Pressure (Shot-in)	Choke Size

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.

L. B. Goodheart
Division Manager

August 4, 1981

OIL CONSERVATION DIVISION

APPROVED

19

BY

Orig. Signed by

Jerry Sexton

TITLE

Dist. L. Supp.

This form is to be used in compliance with N.M.C. 10-1-1.

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 N.M.C. 10-1-1.

All sections of this form must be filled out completely for all wells on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of oil well name or number, or transportation or other such change of ownership. Sections I, II, III, and VI must be filled for each pool in multi-completed wells.