

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

LESSOR'S NAME	
OPERATOR	
LAND OFFER	
TRANSPORTER	
OPERATION	
OPERATION OFFER	
OPERATOR	

Algon Twenty-One Production Company

Address
P. O. Box 1206, Jal, NM 88252

Reason(s) for filing (Check proper box)

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

Other (Please explain)

Application for temporary commingling in
Common Battery (Lea #1, Teague Drinkard;
Lea #2, Wildcat Tubb) 45 days

If change of ownership give name
and address of previous owner

1. DESCRIPTION OF WELL AND LEASE

Lease Name 173	Well No. 1	Pool Name, Including Formation Teague Drinkard	Kind of Lease State, Federal or Free Prop	Lease No.
Location Unit Letter B : 660 Feet From The North Line and 1650 Feet From The East Line of Section 17 Township 23S Range 37E, NMPM, Lea County				

2. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐ Hessjo Refining Company	Address (Give address to which approved copy of this form is to be sent) P.O. Drawer 175, Artesia, New Mexico 88210					
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐ El Paso Natural Gas	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1492, El Paso, Texas 79978					
If well produces oil or liquids, give location of tanks.	Unit B	Sec. 17	Twp. 23S	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:

3. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Some Rest'n	Diff. Rest'n
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Perforations					Depth Casing Shoe			

TUBING, CASING, AND CEMENTING RECORD

WELL SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of liquid oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

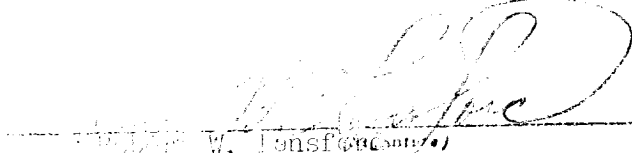
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

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

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.


W. J. Jenson
President/Energy Resources

April 16, 1982

(Title)

(Date)

OIL CONSERVATION DIVISION

APPROVED APR 21 1982

BY ORIGINAL SIGNATURE
JERRY SENIOR
TITLE DISTRICT TOWNSHIP

This form is to be filed in compliance with RULE 1-101.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of test results taken on the well in accordance with RULE 1-111.

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

Fill out only Sections 1, 11, 111, and 1111 for changes of well name or number, or to be approved for other such change of completion.

Separate Form C-104 must be filled for each pool in which completed wells.