

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	
PRODUCTION OFFICE	

I. Operator
Equitable Petroleum Corporation

Address
P.O. Box 8407 Metairie, La. 70011

Reason(s) for filing (Check proper box)

New Well	<input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

Other (Please explain)
CASINGHEAD GAS MUST NOT BE
FLARED AFTER 7/1/82
UNLESS AN EXCEPTION TO RULE 1104
IS OBTAINED.

If change of ownership give name
and address of previous owner

THIS WELL HAS BEEN RECORDED IN THE PUBLIC
RECORDS. IF YOU DO NOT CONCUR
NOTIFY THIS OFFICE.

II. DESCRIPTION OF WELL AND LEASE

Lease Name Ohio State	Well No. 1	Pool Name, Including Formation Delaware (Ext.) R-7030	Kind of Lease State, Federal or Fee State	Lease No. La.-3620
Location Unit Letter <u>D</u> ; <u>750'</u> Feet From The <u>North</u> Line and <u>400'</u> Feet From The <u>West</u> Line of Section <u>16</u> Township <u>26S</u> Range <u>32E</u> , NMPM, Lea 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"/> Basin, Inc.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 2297 Midland, Texas 79702					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> None	Address (Give address to which approved copy of this form is to be sent) None					
If well produces oil or liquids, give location of tanks.	Unit D	Sec. 16	Twp. 26s	Rge. 32e	Is gas actually connected? No	When

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

V. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
	X		X					
Date Spudded 10-31-81	Date Compl. Ready to Prod. 3-2-82	Total Depth 4449'	P.B.T.D.					
Elevations (DF, RKB, RT, GR, etc.) 3181'	Name of Producing Formation Ramsey Sd. (Delaware)	Top Oil/Gas Pay 4425'	Tubing Depth 4379					
Perforations None-Open Hole	4425-4449					Depth Casing Shoe		
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE 10-5/8"	CASING & TUBING SIZE 8-5/8"	DEPTH SET 540'		SACKS CEMENT 170 SXS Circulated				
7-1/8"	5-1/2"	4425'		300 sxs Class C w/				
	2-3/8"	4379'		50/50 Poz.				

VI. 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 3-2-82	Date of Test 3-2-82	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24	Tubing Pressure NA	Casing Pressure -----	Choke Size None
Actual Prod. During Test 5	Oil - Bbls. 121	Water - Bbls. 12	Gas - MCF 1

GAS WELL

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

VII. 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.

Paul Thomas
(Signature)
Production Supervisor
(Title)
3-16-82
(Date)

OIL CONSERVATION DIVISION

APPROVED MAY 11 1982, 19

BY ORIGINAL SIGNATURE

TITLE JERRY SEARS

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 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 owner, well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply