

OIL CONSERVATION DIVISION

P O BOX 2086
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	

1. **Operator**
Richey Petroleum

Address
5718 Westheimer, Suite 1010, Houston, Texas 77057

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)

If change of ownership give name and address of previous owner
Equitable Petroleum Corporation
P.O. Box 8407, Metairie, La. 70011

1. **DESCRIPTION OF WELL AND LEASE**

Lease Name Ohio State	Well No. 2	Pool Name, including Formation East Mason - Delaware	Kind of Lease State, Federal or Fee State	Lease No. LG 3620
Location Unit Letter <u>E</u> ; <u>1850</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				

2. **DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS**

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> Tesoro Crude Oil Co.	Address (Give address to which approved copy of this form is to be sent) 8700 Tesoro Drive, San Antonio, Texas 78286
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: <u>E</u> Sec: <u>16</u> Twp: <u>26S</u> Rge: <u>32E</u>	Is gas actually connected? <u>No</u> When:

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'v.	Diff. Res'v.
Date Spudded 3-7-82	Date Compl. Ready to Prod. 6-10-82	Total Depth 4508	F.B.T.D. - - - -					
Elevations (DF, RAB, RT, GR, etc.) 3172' GL	Name of Producing Formation Ramsey Sd. (Delaware)	Top Oil/Gas Pay 4442	Tubing Depth 4415					
Perforations 4442 - 4465			Depth Casing Shoe					

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4"	8 5/8"	543'	300 SXS. Circulated
7 7/8"	5 1/2"	4505'	550 SXS. Pozmix &
	2 3/8"	4415'	tailed in 50 SXS.
			of Class C

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/MMCF	Gravity of Condensate
Testing Method (pilot, 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.

V. E. Richey
President (Title)
August 13, 1984 (Date)

OIL CONSERVATION DIVISION
SEP 14 1984
APPROVED _____, 19____
BY ORIGINAL WORKER
TITLE _____

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