

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	
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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

Operator <u>Equitable Petroleum Corporation</u>	
Address <u>P.O. Box 8407, Metairie, La. 70011</u>	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	<u>CASINGHEAD GAS MUST NOW BE</u> <u>FILED AS OF 8/12/82</u> <u>EXCEPT AS EXCEPTION TO RULE</u> <u>1104</u>
Recompletion <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	
Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	

If change of ownership give name and address of previous owner: \_\_\_\_\_

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Ohio State</u>	Well No. <u>2</u>	Pool Name, Including Formation <u>East Mason - Del. Ext.</u>	Kind of Lease <u>State, Federal or Fee</u>	Lease No. <u>LG-3620</u>
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, <u>Lea</u> 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"/> <u>Basin, Inc.</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 2297, Midland, Texas 79702</u>			
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>None</u>	Address (Give address to which approved copy of this form is to be sent) <u>None</u>			
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?		When	
	<u>No</u>			

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded <u>3-7-82</u>	Date Compl. Ready to Prod. <u>6-10-82</u>		Total Depth <u>4508</u>		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.) <u>3172' GL</u>	Name of Producing Formation <u>Ramsey Sd. (Delaware)</u>		Top Oil/Gas Pay <u>4442</u>		Tubing Depth <u>4415</u>			
Perforations <u>4442-4465</u>					Depth Casing Shoe			

TUBING, CASING, AND CEMENTING RECORD

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

V. 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 <u>6-12-82</u>	Date of Test <u>6-12-82</u>	Producing Method (Flow, pump, gas lift, etc.) <u>Pump</u>	
Length of Test <u>24</u>	Tubing Pressure <u>NA</u>	Casing Pressure <u>-----</u>	Choke Size <u>None</u>
Actual Prod. During Test <u>5</u>	Oil-Bbls. <u>5</u>	Water-Bbls. <u>9</u>	Gas-MCF <u>1</u>

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

VI. 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.

(Signature)  
Production Supervisor  
(Title)  
6-16-82  
(Date)

OIL CONSERVATION DIVISION

JUN 29 1982

APPROVED \_\_\_\_\_, 19\_\_\_\_  
BY \_\_\_\_\_  
Orig. Signed by  
Les Clements  
TITLE Oil & Gas Insp.

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

# INCLINATION REPORT

OPERATOR EQUITABLE PETROLEUM ADDRESS 3636 N CAUSEWAY BLDC, METAIRIE, LA  
 LEASE NAME OHIO STATE WELL NO. #2 FIELD \_\_\_\_\_  
 LOCATION \_\_\_\_\_

DEPTH	ANGLE INCLINATION DEGREES	DISPLACEMENT	DISPLACEMENT ACCUMULATED
550	1/4	2.4200	2.4200
1050	1/2	4.3500	6.7700
1556	3/4	6.6286	13.3986
1962	1 3/4	12.3830	25.7816
2088	2	4.3974	30.1790
2371	1 1/2	7.4146	37.5936
2621	1 1/2	6.5500	44.1436
3171	1 1/2	14.4100	58.5536
3610	2	15.3211	73.8747
4110	2	17.4500	91.3247
4470	2	12.5640	103.8887

I hereby certify that the above data as set forth is true and correct to the best of my knowledge and belief.

CACTUS DRILLING COMPANY

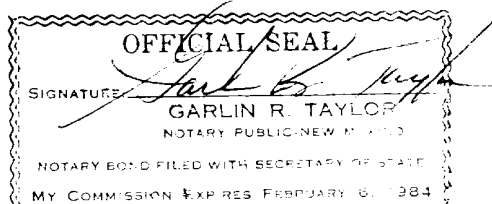
Denise Leake  
 TITLE OFFICE MANAGER

## AFFIDAVIT:

Before me, the undersigned authority, appeared DENISE LEAKE known to me to be the person whose name is subscribed herebelow, who, on making deposition, under oath states that he is acting for and in behalf of the operator of the well identified above, and that to the best of his knowledge and belief such well was not intentionally deviated from the true vertical whatsoever.

Denise Leake  
 AFFIANT'S SIGNATURE

Sworn and subscribed to in my presence on this the 16 day of MARCH, 19 82



SEAL

Notary Public in and for the County  
 of Lea, State of New Mexico

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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Form C-103  
Revised 10-1-78

SUNDRY NOTICES AND REPORTS ON WELLS

(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR.  
USE "APPLICATION FOR PERMIT -" (FORM C-101) FOR SUCH PROPOSALS.)

1. <input checked="" type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER		5a. Indicate Type of Lease State <input checked="" type="checkbox"/> Fee <input type="checkbox"/>
2. Name of Operator <i>Equitable Petroleum Corporation</i>		5. State Oil & Gas Lease No. <i>LG-3620</i>
3. Address of Operator <i>P.O. Box 8407 Metairie, La. 70011</i>		7. Unit Agreement Name -----
4. Location of Well UNIT LETTER <i>E</i> <i>1850</i> FEET FROM THE <i>North</i> LINE AND <i>400</i> FEET FROM THE <i>West</i> LINE, SECTION <i>16</i> TOWNSHIP <i>26S</i> RANGE <i>32E</i> NMPM.		8. Farm or Lease Name <i>Ohio State</i>
15. Elevation (Show whether DF, RT, GR, etc.) <i>3172' GL</i>		9. Well No. <i>2</i>
16. <i>16</i>		10. Field and Pool, or Wildcat <i>East Mason-Del. Ext.</i>
		12. County <i>Lea</i>

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUS AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUS AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input checked="" type="checkbox"/>	OTHER <input type="checkbox"/>

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

Drilled 12 1/4" hole and set 543' of 8 5/8" casing 3-8-82, cemented to surface w/300  
sxs. (circulated) of cement 3-11-81 - Tested casing to 1000 psi held o.k.

Drilled 7 7/8" hole to 4508' DL and set 4505' (3-15-82) of 5 1/2" casing, cemented  
w/550 sxs. Pozmix and tailed in 50 sxs. Class "C" - tested casing to 1000 psi - held  
o.k. Top of cement, circulated.

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNED *[Signature]* TITLE *Production Supervisor* DATE *6-16-82*

APPROVED BY *Orig. Signed By* TITLE *Les Clements* DATE *JUN 29 1982*