

OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.O.	
LAND OFFICE	
TRANSPORTER	OIL
	OAS
OPERATOR	
PRODUCTION OFFICE	
Operator	

GENERAL HYDROCARBON CORPORATION

Address

P.O. Box 88 Lovington, NM 88260

Reason(s) for filing (Check proper box)

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

Other (Please specify) **HEAD GAS MUST NOT BE**
PLACED AFTER 10/1/82
UNLESS AN EXCEPTION TO R-1070
IS OBTAINED.If change of ownership give name
and address of previous ownerTHIS WELL HAS BEEN ~~PLACED~~ IN THE POOL
OF ~~THE~~ ~~POOL~~ ~~IF YOU~~ ~~DO NOT~~ ~~FILE~~
~~THIS FORM~~

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
Maggie Lou Bigbee	1	undefined <i>Largha Artesia</i>	State, Federal or Fee Fee	
Location				
Unit Letter	0	2190 Feet From The East Line and 330 Feet From The South		
Line of Section	30	Township 25 S.	Range 38 E.	NMPM, Lea County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Navajo Croude Oil Purchasing Co.	E. Main Artesia, NM 88210
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
El Paso Natural Gas Co.	Jal, New Mexico
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
	0 30 25 S. 38 E. no within next 21 days

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.
	X		X					
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
3/16/82	6/14/82	3630	3630					
Elevations (DF, RAS, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
3046.5 Gr.	Queen-Penrose	3410	3588					
Perforations	Depth Casing Shoe							
3533 thru 3612								

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4"	8 5/8" & 2 3/8"	1150'	450 sx 50:50 poz and
			200 sx "C" 2% CaCl
7 7/8"	5 1/2" & 2 3/8"	3664	395 sx pacesetter lite &
			300 sx "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.)	
7-2-82	8-16-82	pumping	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hrs		35 psi	1/4"
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
	5	3	35

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (prior, 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.



President

(Title)

8-25-82

(Date)

OIL CONSERVATION DIVISION

APPROVED AUG 23 1982, 19BY JERRY TEXONTITLE DISTRICT SUPERVISOR

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 Form C-104 must be filed for each pool in multiple completed wells.

RECEIVED

AUG 25 1982

U.S. HOUSE OF REPRESENTATIVES