DISTRIBUTION	 1						
SANTA FE	NEW MEXICO OIL	NEW MEXICO OIL CONSERVATION COMMINION REQUEST FOR ALLOWABLE					
FILE	REQUES						
U.S.G.S.	AND Effective 1-1-65						
LAND OFFICE	AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS						
TRANSPORTER GAS							
OPERATOR							
PRORATION OFFICE							
Lewis B. Burleson, In	nc.						
P.O. Box 2479 Mic	dland, TX 79702			· ·			
Reason(s) for filing (Check proper be	ox)	Other (B)					
New Well	Change in Transporter of:	Other (Please	explain)				
Recompletion	OII Dry C	Gas 🗍					
Change in Ownership		ensate					
If change of ownership give name and address of previous owner			•				
DESCRIPTION OF WELL AND							
DESCRIPTION OF WELL AND	Well No. Pool Name, Including		<u> </u>				
Jameson	_		Kind of Lease	Lease No.			
Location			State, Federal or Fee	of Fee FEE			
Unit Letter F:	2310 Feet From The West Li	ne and <u>1650</u>	_Feet From The_	North			
Line of Section 15 To	ownship 24 Range	26					
	ownship 24 Range	36 , ммрм,	Lea	County			
DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL G	A C					
Name of Authorized Transporter of O	or Condensate	Address (Give address to	which appeared ac-				
The Permian Corporation Permian (Eff. 9 / 1 /87) 30x 1183 Houston TV 77001							
Name of Authorized Transporter of Co	singhead Gas X or Dry Gas	Address (Give address to	which approved conv	of this form is to be sent)			
El Paso Natural Gas Co	•						
If well produces oil or liquids,	Unit Sec. Twp. Rge.	Box 1492, F1 Is gas datually connected	Paso IX /99	98			
give location of tanks.	; F ; 15 ; 24 ; 36	Yes	i g	-4-83			
If this production is commingled w. COMPLETION DATA	ith that from any other lease or pool,	give commingling order	number:				
Designate Type of Completi	X	New Well Workover	Deepen Plug B	Back Same Resty. Diff. Resty.			
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.	D.			
8-26-83	9-27-83	3635'		635			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top O!1/Gas Pay		Depth			
3280 GR Perforations	Seven Rivers	3628		575			
Open hole 3620-3635				Casing Shoe			
	TUBING, CASING, AND	CEMENTING RECORD					
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	· 1	SACKS CEMENT			
7.7/0	8 5/8	1423	690	sks. Lite			
7 7/8	4 1/2	3620		200 -1. 50:50			

300 sks. 50/50 poz. 눸# flocele, 9# salt TEST DATA AND REQUEST FOR ALLOWABLE (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) OIL WELL Date First New Cil Run To Tanks Date of Test Producing Method (Flow, pump, gas lift, etc.) 9-27-83 Length of Teet 9-27-83 flowing Tubing Pressure Casing Pressur Choke Size 24 hrs.
Actual Prod. During Test 400# packer Woter-Bbls. 24/64 Oil - Bhis. 32 32 14 42

3620

4 1/2

GAS WELL Actual Prod. Test-MCF/D Length of Test Bbis. Condensate/MMCF Gravity of Condensate Testing Method (pitot, back pr.) Tubing Pressure (Shut-in) Cosing Pressure (Shut-in) Choke Size

CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

(Signature) President

(Title) 9-28-83 (Date)

OIL CONSERVATION COMMISSION OCT 3 1983

APPROVED_ ORIGINAL SIGNED BY EDDIE SEAY 19

OIL & GAS INSPECTOR

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. Course Prime C.104 must be filled for sent ment to multiplete

SEP 30' 1083 HOBBS OFFICE

The Committee of the Co

INSTRUCTIONS

This form is to be filed with the eging. District Office of the Commission not later th. To days after the completion of any newly-drilled or deepened well. It shall be accompanied by one copy of all electrical and radio-activity logs run on the well and a summary of all special tests conducted, including drill from tests. All depths reported shall be measured depths. In the case of freetienally drilled wells, true vertical depths shall also be reported. For maltiple completions, Items 30 through 34 shall be reported for each zone. The form is to be filled in quintuplicate except on state land, where six copies are required. For Bule 1105.

INDICATE FORMATION TOPS IN CONFORMANCE WITH GEOGRAPHICAL SECTION OF STATE

INDICATE FORMATION TOPS IN CONFORMANC						Northwestern New Mexico				
T. Graybu T. San Ai T. Glorie T. Paddo T. Blineb T. Tubb T. Drinka T. Abo T. Wolfer T. Penn T Cisco	1410 1550 2940 3350 3625 argadresadresadresadresadred	Souther	T. T. T. T. T.	Canyon	T AS \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	Ojo Ala: Kirtland Picturec Cliff Ho Menefee Point L Mancos Gallup ase Green Dakota Morriso Todilto Entrada Wingate Chinle Permia Penn.	horn	Northwest ad	T. T	
No. 2, from			•••••	to	1	lo. 5, fron	1			to
No. 1, from No. 2, from No. 3, from	335 n	0		to	3625			fcct.		
From	То	Thickness in Feet		Formation		From	То	Thickness in Feet		Formation
0 1410 1550 2940 3350 3625	1410 1550 2940 3350 3625 3635	1410 140 1390 410 275 10	Anhy Sal Dol Dol	Beds ydrite t & Anhydrite omite & Anhydrite omite & Anhydrite & omite	San	nd				•

SEP 3 () 1983