

DISTRICT II  
P.O. Drawer DD, Artesia, NM 88210

OIL CONSERVATION DIVISION

P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

I.

Operator Wood, McShane & Thams	Well API No. 30 025 29228
Address P. O. Box 968, Monahans, TX 79756	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
If change of operator give name and address of previous operator	

II. DESCRIPTION OF WELL AND LEASE

Lease Name South Leonard (Queen) Unit Tr. 3	Well No. 18	Pool Name, Including Formation S. Leonard Unit Tr. 3 (Queen)	Kind of Lease State, Federal or Fee	Lease No. Fee
Location Unit Letter E : 2580 Feet From The N Line and 1214 Feet From The West Line Section 24 Township 26-S Range 37 E , 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"/> Texas-New Mexico Pipeline Company	Address (Give address to which approved copy of this form is to be sent) Box 2528, Hobbs, New Mexico 88240					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> El Paso Natural Gas Company	Address (Give address to which approved copy of this form is to be sent) Box 1492, El Paso, TX 79999					
If well produces oil or liquids, give location of tanks.	Unit E	Sec. 24	Twp. 26S	Rge. 37E	Is gas actually connected? Yes	When ? 2-3-63

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 X	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 5/18/90	Date Compl. Ready to Prod. 6/9/90		Total Depth 3629'		P.B.T.D. 3590'			
Elevations (DF, RKB, RT, GR, etc.) KB	Name of Producing Formation Queen		Top Oil/Gas Pay 3390'		Tubing Depth 3493.3'			
Perforations 3434', 3435', 3440', 3447', 3454', 3457', 3460'					Depth Casing Shoe			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4"	8 5/8"	24#	1238'		725 sx.			
7 7/8"	5 1/2"	15.5#	3618'		650 sx.			
	2 3/8" J-55 Tbg.		3493.3'					

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 Tank 06/12/90	Date of Test 06/12/90	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hrs.	Tubing Pressure 40 psi.	Casing Pressure 40 psi.	Choke Size 48/64"
Actual Prod. During Test	Oil - Bbls. 18	Water - Bbls. 90	Gas- MCF 8

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. OPERATOR 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  
R. Cory Richards  
Printed Name  
07/03/90  
Date  
Petroleum Geologist  
Title  
(915) 943-7531  
Telephone No.

OIL CONSERVATION DIVISION

JUL 09 1990

Date Approved

By ORIGINAL SIGNED BY JERRY CIXTON  
DISTRICT I SUPERVISOR

Title

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.

RECEIVED

JUL 9 1990

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NOBBS OFFICE