

OIL CONSERVATION DIVISION

P. O. BOX 7088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

APPROPRIATE RECEIVER	
DISTRIBUTION	
STATE	
AND OFFICE	
TRANSPORTER	
OIL	
GAS	
OPERATION	
PRODUCTION OFFICE	
Operator	

ConVest Energy Corporation

Address
c/o Oil Reports & Gas Services, Inc., Box 763, Hobbs, NM 88240

Reason(s) for filing (Check proper box)

New Well	☐	Change in Transporter of:	
Recompletion	☐	Oil	☐
Change in Ownership	☒	Casinghead Gas	☐
		Dry Gas	☐
		Condensate	☐

Other (Please explain)

Effective 1/1/82

If change of ownership give name and address of previous owner San D. Ares, Box 763, Hobbs, NM 88240

II. DESCRIPTION OF WELL AND LEASE

Lease Name Arnott Ramsay "A"	Well No. 2	Pool Name, including Formation Jalmat-Y-SR	Kind of Lease State, Federal or Fed State	Lease No. B-229
Location Unit Letter B : 660 Feet From The North Line and 1980 Feet From The East Line of Section 2 Township 25 S Range 36 E , NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐ Shell Pipe Line Corporation	Address (Give address to which approved copy of this form is to be sent) Box 1910, Midland, TX 79701	
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐ El Paso Natural Gas Company	Address (Give address to which approved copy of this form is to be sent) Box 1492, El Paso, TX 79978	
If well produces oil or liquids, give location of tanks.	Unit C	Sec. 2
	Twp. 25 S	Rge. 36 E
	Is gas actually connected?	When 9/14/54

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res't.	Diff. Res't.
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Perforations					Depth Casing Shoe			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of lead 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/MCF	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.

ORIG. SIGNED BY DONNA HOLMES

Agent

1/27/82

OIL CONSERVATION DIVISION

APPROVED **JAN 29 1982**
BY **Don L. Smith**
TITLE **Don L. Smith**

This form is to be filed in compliance with Rule 10.1.
If this is a request for allowable for a newly drilled or deepening well, this form must be accompanied by a tabulation of the deviation logs taken on the well in accordance with Rule 11.1.
All sections of this form must be filled out completely for all wells on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of ownership, name of transporter or other such change of conditions.
Separate Form O-104 must be filed for each pool in multi-completed wells.