

## OIL CONSERVATION DIVISION

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

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

# REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

**L.**

|  |                                     |                              |  |
|--|-------------------------------------|------------------------------|--|
| Operator<br>Pacific Enterprises Oil Company (USA)  |                                     | Well API No.<br>30-025-25520 |  |
| Address<br>P.O. Box 2500, Casper, Wyoming 82602<br>XXXXXXXXXX1968XXXXXXMAY11XXXXXX9700   |                                     |                              |  |
| Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)  |                                     |                              |  |
| New Well   | <input type="checkbox"/>            | Change in Transporter of:    |  |
| Recompletion   | <input type="checkbox"/>            | Oil                          | <input type="checkbox"/> Dry Gas <input type="checkbox"/>    |
| Change in Operator   | <input checked="" type="checkbox"/> | Casinghead Gas               | <input type="checkbox"/> Condensate <input type="checkbox"/> |
| If change of operator give name and address of previous operator<br>American Exploration Company, 700 Louisiana, Suite 2100, Houston, Texas 77002-2791 |                                     |                              |  |

II. DESCRIPTION OF WELL AND LEASE

## II. DESCRIPTION OF WELL AND LEASE

|  |               |  |  |           |
|--|---------------|--|--|-----------|
| Lease Name<br>Carlson B-13   | Well No.<br>8 | Pool Name, Including Formation<br>Justis Blinebry <i>Lubb Dr. Hard</i> | Kind of Lease<br>State, Federal or Fee | Lease No. |
| Location<br>Unit Letter <u>A</u> : <u>990</u> Feet From The <u>North</u> Line and <u>990</u> Feet From The <u>East</u> Line<br>Section <u>13</u> Township <u>25S</u> Range <u>37E</u> , <u>NMPM</u> , 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"/><br>Texas New Mexico Pipeline   |           |            |             |             | Address (Give address to which approved copy of this form is to be sent)<br>P. O. Box 60028, San Angelo, Texas 76906 |                    |
| Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/><br>El Paso Natural Gas |           |            |             |             | Address (Give address to which approved copy of this form is to be sent)<br>P. O. Box 1492, El Paso, Texas 79978     |                    |
| If well produces oil or liquids,<br>give location of tanks.   | Unit<br>A | Sec.<br>13 | Twp.<br>25S | Rge.<br>37E | Is gas actually connected?<br>Yes  | When ?<br>12/15/77 |

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'v | Diff Res'v |
| 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 |           |            |            |
| <b>TUBING, CASING AND CEMENTING RECORD</b> |                             |          |                 |          |          |                   |           |            |            |
| 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 load oil and must be equal to or exceed 10p allowable for this depth or be for full 24 hours.)

|                                |                 |   |            |
|--------------------------------|-----------------|---|------------|
| Date First New Oil Run To Tank | 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/MMCF     | Gravity of Condensate |
| Testing Method ( <i>pilot, back pr.</i> ) | 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                                      |               |
| Thomas E. Walton - Regional Manager-Operations |               |
| Printed Name                                   | Title         |
| May 28, 1991                                   | 307-237-8461  |
| Date   | Telephone No. |

## OIL CONSERVATION DIVISION

Date Approved MAY 31 1991

By                      Orig. Signed by  
                     **Paul Kautz**  
                     **Geologist**

### 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

MAY 30 1964

HOBBS