NO, OF COPIES ACCRIVED		<u></u> 1	
pisticiporton			
SAHLA FE			
1 11.13			ļ
0.5.6.5.			
LAND OFFICE		<u> </u>	
TRANSPORTER	OIL		
	GA5		
OPERATOR			
PROBATION OFFICE			<u> </u>

## NEW MEXICO OIL. CONSCINATION COMMI REQUEST FOR ALLOWABLE

Parm C-404 Supercodes Old C-104 and C-110

n.c	(Caocot )	AND	11fective 1-1-65
0.5.6.5.	AUTHORIZATION TO TRAN	SPORT OIL AND HATURAL GA	45
LAND OFFICE		-	
TRANSPORTER GAS			
OPERATOR			
PROBATION OFFICE			
perotor			
Doyle Hartman			
	Building, Midland, Texas	79701	
Reason(s) for filing (Check proper box)		Other (Please explain)	
vew We!l	Change in Transporter of:  Oil Dry Gas		
Recompletion Change in Ownership	Casinghead Gas Condens	<del></del>	
change of ownership give name nd address of previous owner			
	LEACE		
PSCRIPTION OF WELL AND I	Well No.   Pool Name, including rol	rmation Kind of Leane	Lease No.
Gulf - Eddie Corriga	an   2   Langlie Mattix	(Seven Rivers- State, Federal	cr Fee   Pee
Location · I 2310	o South	Queen) .	Fast
Unit Letter;	O Feet From The South Line	, andFeet From T	he
Line of Section 30 Tow	vaship 24S Range 37	E , NMPM, Lea	County
Line of Section			
DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GAS	S Address (Give address to which approv	ed copy of this form is to be sent)
Name of Authorized Transporter of Oil	or Condensate	Address (Give dagress to which approx	ca copy of this form to be at any
Name of Authorized Transporter of Cas	singhead Gas or Dry Gas (X)	Address (Give address to which approv	ed copy of this form is to be sent)
El Paso Natural Gas	Company	P. O. Box 1384 Jal, New	Mexico 88252
If well produces oil or liquide,	Unit Sec. Twp. Rge.	Is gas actually connected? Whe	
give location of tanks.	<u> </u>		-23-78
	th that from any other lease or pool, g	give commingling order number:	
COMPLETION DATA	Oli Wall Gas Well	1	Flug Back   Same Resty. Diff. Resty.
Designate Type of Completic	on = (X)	i X	
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
10-8-78	10-29-78 Name of Producing Formation	3734 Top O!!/Gas Pay	3715 Tubing Depth
Elevations (DF, RKB, RT, GR, etc.) 3257 G. L.	Seven Rivers - Queen	3389	3421
Perforations			Depth Casing Shoe
3389 - 3503 w/17 (	Seven Rivers - Queen)		3732
		CEMENTING RECORD	SACKS CEMENT
HOLE SIZE	8 5/8, 23#	461 DEPTH SET	350 SX
7 7/8	5 1/2, 17#	3732	775 sx
,, 0			
			<u> </u>
TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be of	fier recovery of total volume of load oil ( pth or be for full 24 hours)	and must be equal to or excited top allow
OIL WELL Date First New Oil Run To Tanks	Date of Test	Preducing Method (Flow, pump, gas lif	it, etc.)
Edia : Ital May Oil Mill 10 101172			
Length of Test	Tubing Pressure	Casing Preseure	Chcke Size
		Water - Bble.	Gas-MCF
Actual Pred. During Toot	Oil-Bbls.	Maiet - Doint	
	<u> </u>		<u> </u>
GAS WELL			
Actual Fred, Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
335	24 hours	Casing Pressure (Shut-in)	Chake Size
Choke nipple	Tubing Processes (Shuu-14) FTP= 130 psi	FCP= 135 psi	20/64
CERTIFICATE OF COMPLIAN	SITP= 155 psi		ATION COMMISSION
CERTIFICATE OF COMPLIAN	CE	DEC	e.a. Tana 2.
I hereby cortify that the rules and	regulations of the Oil Connervation	APPROVED	, 19
Comminated have been complied.	with and that the information given best of my knowledge and belief.	of By John W. Junyson	
whose is time and complete to m		Geologi	
	g	TITLE	
1 120	1. 1 1. /	This form is to be filed in compliance with RULE 1104.  If this is a request for allowable for a newly delled or despense	
Lugh Misig	natwe)	well, this form must be accompa- tents taken on the well in acco	region by a tabulation of too emiliation
Office Manager		All ancitions of this ferm my	art he filled out completely for allow
C	itle)	able on now and recompleted ve	alle.
11-15-78	3.74	Fill out only Sortions I, I well name or number, or transpor	3. III, and VI for choicen of evines ten or other such change of condition
(1	Jure)	11	