

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF WELLS REQUESTED	
DISTRICT	
SANTA FE	
FILE	
U.S.O.A.	
LAND OFFICE	
TRANSPORTER	
OPERATOR	
PRODUCTION OFFICE	
Operator	

Content 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

Chapman & Schneider, Box 763, Hobbs, NM 88240

II. DESCRIPTION OF WELL AND LEASE

1C-032618 (B)

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease To
I. B. Ofg "B"	2	Jalant	State, Federal or Free	above
Location				
Unit Letter	H	1940 Feet From The	North Line and	600 Feet From The
Line of Section	34	Township	24 S	Range
			36 E	10000
			10000	10000

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil	or Condensate	Address (Give address to which approved copy of this form is to be sent)
The Permian Corporation		Box 1183, Houston, TX 77001
Name of Authorized Transporter of Casinghead Gas	or Dry Gas	Address (Give address to which approved copy of this form is to be sent)
None		
If well produces oil or liquids, give location of tanks.	Unit	Sec.
	H	34
		24S
		36E
		No

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 Reservoir	Unit
Date Spudded	Date Compl. Ready to Prod.	Total Depth						
Elevations (DF, RKB, RT, CR, etc.)	Name of Producing Formation	Top Oil/Gas Pay						
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 (Test must be after recovery of initial volume of load oil and must be equal to or exceed top oil able for this depth or be for full 24 hours)

Date First New Oil Run To Tanks	Date of Test	Producing Method (Pump, pump, gas lift, etc.)
Length of Test	Tubing Pressure	Casing Pressure
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 (pilot, back pt.)	Tubing Pressure (psia-in)	Casing Pressure (psia-in)	Chore 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.

DEC. SIGNED BY: AGENT

(Agent)

1/27/82

(Date)

OIL CONSERVATION DIVISION

APPROVED

BY

TITLE

This form is to be filed in compliance with rules and regulations.
If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the device tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for the oil, casing and recompletion wells.
This form only applies to the oil, gas and water for changes of casing well or recompletion or recompletion of other such changes of recompletion.
This form must be filed for each pool in each well.