

OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

1. OPERATOR	ConVest Energy Corporation
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Address c/o Oil Reports & Gas Services, Inc., Box 763, Hobbs, NM 88240	
Reason(s) for filing (Check proper box)	Other (Please explain) Effective 1/1/82
New Well ☐	Change in Transporter of: Oil ☐ Dry Gas ☐
Recompletion ☐	Casinghead Gas ☐ Condensate ☐
Change in Ownership ☒	

If change of ownership give name and address of previous owner: Chapman, Schneider & Ares, Box 763, Hobbs, NM 88240

II. DESCRIPTION OF WELL AND LEASE

Lease Name Woolworth	Well No. 2	Pool Name, including Formation Jalmat	Kind of Lease State, Federal or Fee	Fee
Location Unit Letter I ; 1650 Feet From The South Line and 990 Feet From The East				
Line of Section 26 Township 24 S Range 36 E NM 100 Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐ Texas-New Mexico Pipeline Company	Address (Give address to which approved copy of this form is to be sent) Box 1510, 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 J	Sec. 26	Twp. 24S	Rge. 36E	Is gas actually condensed? Yes	When 6/29/78

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	Draper	Plug back	Shut-in	Other
Date Spudded	Date Compl. Ready to Prod.	Total Depth			F.B.T.D.				
Elevations (DF, RAB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Bay			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 oil able for this depth or be for full 24 hours)

Date First New Oil Run To Tanks	Date of Test	Producing Method (piston, 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 (piston, 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.

WITNESSED BY DONNA HOLL

(Signature)
Agent

1/27/82

(Date)

OIL CONSERVATION DIVISION

APPROVED: JAN 28 1982
BY: [Signature]
TITLE: [Signature]

This form is to be filed in compliance with RULE 11.1.
If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviated tests 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 recompleting wells.
Fill out only Sections I, II, III, and VI for changes of casing well head or tubing or transportation other than change of carrier.
Separate forms (O-164) must be filed for each pool in multi-