

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 COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

Operator
Pearson-Sibert Oil Co. of Texas

Address
901 W. Missouri Ave., Midland, Texas 79701

Reason(s) for filing (Check proper box)

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

Other (Please explain) **GAS MUST NOT BE
PLACED AFTER 11/1/81
UNLESS AN EXCEPTION TO 8-4070
IS OBTAINED.**

If change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name Fowler-Hair	Well No. 2	Pool Name, including Formation Langlie-Mattix 7-Rivers Queen	Kind of Lease State, Federal or Fee Fee	Lease No.
Location Unit Letter C 660 Feet From The North Line and 1980 Feet From The West Line of Section 11 Township 24-South Range 37-East, NMPM, Lea County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Texas-New Mexico Pipe Line Company	Address (Give address to which approved copy of this form is to be sent) Box 52332, Houston, Texas 77052					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> El Paso Natural Gas Company	Address (Give address to which approved copy of this form is to be sent) Box 1492, El Paso, Texas 79999					
If well produces oil or liquids, give location of tanks.	Unit B	Sec. 11	Twp. 24-S	Rge. 37-E	Is gas actually connected? No	When

If this production is commingled with that from any other lease or pool, give commingling order number:

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded 7-15-81	Date Compl. Ready to Prod. 9-15-81		Total Depth 3730'		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.) 3213.1' GR	Name of Producing Formation Queen		Top Oil/Gas Pay 3538'		Tubing Depth 3595'			
Perforations 3538', 42', 52', 55', 58', 61', 64', 75', 81', 84', 87', 90', 98', 3601', 15', 18', 28', 31', 34', 37', 40', 44', 48', 63', 66', 69', 72', 88', 91', 94' & 97' (31 Int., 62 Holes)		TUBING, CASING, AND CEMENTING RECORD		DEPTH SET				
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT		
12-1/4"		8-5/8"		362.81'		275		
7-7/8"		5-1/2"		3730'		900		
		2-3/8" tbgr.		3595'				

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 top allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks 9-20-81*	Date of Test 10-29-81	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 Hrs.	Tubing Pressure 35	Casing Pressure 90	Choke Size 2"
Actual Prod. During Test 65.2	Oil-Bbls. 25.2	Water-Bbls. 40	Gas-MCF 114

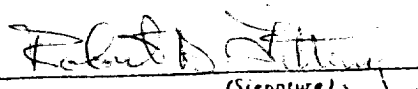
*Unable to obtain accurate test until 10-29-81.

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

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.



Vice President

(Title)

10-30-81

(Date)

OIL CONSERVATION DIVISION

APPROVED _____, 19__

BY _____ Orig. Signed by

Jerry Sexton

TITLE _____ Dist. L. Supv.

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owner well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells.