

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
Carter Foundation Production Company

Address
P. O. Box 900, Kermit, Texas 79745

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 specify) **CASINGHEAD GAS MUST NOT BE
FLARED AFTER 11/17/81
UNLESS AN EXCEPTION TO RULE 110.1
IS OBTAINED from U.S.G.S.**

If change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name G.H. Mattix Federal	Well No. 8	Pool Name, Including Formation Langlie-Mattix 7-Rivers Queen <i>OK PK</i>	Kind of Lease State, Federal or Fee Federal	Lease No. LC-032339
Location Unit Letter <u>N</u> ; <u>660</u> Feet From The <u>South</u> Line and <u>1980</u> Feet From The <u>West</u> Line of Section <u>3</u> Township <u>24-South</u> Range <u>37-East</u> , NMPM, 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"/> None	Address (Give address to which approved copy of this form is to be sent)
If well produces oil or liquids, give location of tanks.	Unit <u>J</u> Sec. <u>3</u> Twp. <u>24S</u> Rge. <u>37E</u> Is gas actually connected? <u>No</u> 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)	<input checked="" type="checkbox"/> Oil Well	<input type="checkbox"/> Gas Well	<input type="checkbox"/> New Well	<input type="checkbox"/> Workover	<input type="checkbox"/> Deepen	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Same Res'tv.	<input type="checkbox"/> Diff. Res'tv.
Date Spudded 8-1-81	Date Compl. Ready to Prod. 9-17-81	Total Depth 3692'	P.B.T.D.					
Elevations (DF, RKB, RT, GR, etc.) 3242.9' GR	Name of Producing Formation Queen	Top Oil/Gas Pay 3475'	Tubing Depth 3579'					
Perforations 3475', 80', 84', 88', 92', 96', 99', 3504', 07', 12', 15', 18', 21', 26', 40', 43', 46', 50', 53', 66', 70', 74', 80', 84', 97', 3604', 07', 10', 17', 20', 23', 26'		Depth Casing Shoe 3692'						
(32 Intervals, 64 Holes) TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
12-1/4"	8-5/8"	565'	360					
7-7/8"	5-1/2"	3692'	900					
	2-3/8"	3579'						

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 9-17-81	Date of Test 9-21-81	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 Hrs.	Tubing Pressure 45	Casing Pressure 50	Choke Size 2"
Actual Prod. During Test	Oil-Bbls. 99.36	Water-Bbls. 33	Gas-MCF TSTM

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.

Robert D. Tilling
(Signature)

Agent

(Title)

9-23-81

(Date)

OIL CONSERVATION DIVISION

SEP 30 1981

APPROVED _____, 19

BY _____ Orig. Signed by

Jerry Sexton

TITLE _____ Dist 1, Supv.

This form is to be filed in compliance with RULE 110.4.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviator 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.


DEVIATION SURVEY
CARTER FOUNDATION PRODUCTION COMPANY
G. H. MATTIX FEDERAL
WELL #8
LANGLIE-MATTIX SEVEN-RIVERS (QUEEN) FIELD
660' FSL & 1980' FWL Section 3, T-24S, R-37E
Lea County, New Mexico

<u>Measured Depth</u>	<u>Deviation</u>	<u>Footage</u>
480'	1/4°	480'
958'	1/4°	478'
1426'	3/4°	468'
1922'	1°	496'
2352'	1°	430'
2840'	1°	488'
3010'	3/4°	170'
3497'	1/2°	487'
3692'	1/4°	195'


CERTIFICATION

STATE OF TEXAS X
 X
COUNTY OF MIDLAND X

I hereby certify that I have personally assembled the data and facts placed on this form and such information given above is true and correct to the best of my knowledge.


Robert D. Fitting, Agent

Subscribed and sworn to before me, this 23rd day of
September, 1981.


Notary Public