Submit 5 Copies Appropriate District Office DISTRICT 1 P.O. Box 1980, Hobbs, NM 88240

State of New Mexico

Form C-104 Revised 1-1-89 See Instruction RECEIVED at Bottom of Pr

OIL CONSERVATION DIVISION

DISTRICT II P.O. Drawer DD, Artesia, NM 88210 P.O. Box 2088 MAR 5 1991 Santa Fe, New Mexico 87504-2088 DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410 O. C. D. REQUEST FOR ALLOWABLE AND AUTHORIZATION ARTESIA, OFFICE TO TRANSPORT OIL AND NATURAL GAS Uperator Well All No 30-015-05300 Avon Energy Corp. Address Box 38, Loco Hills, NM 88255 P.O. Reason(s) for Filing (Check proper box) Other (Please explain) New Well Change in Transporter of: Recompletion Dry Gas CHANGE IN OPERATOR Change in Operator Casinghead Gas Condensate If change of operator give name and address of previous operator Socorro Petroleum Company II. DESCRIPTION OF WELL AND LEASE Well No. Pool Name, Including Formation
67 Grayburg Jacks Lease Name Kind of Lease Lease No. Turner "B" (B) Grayburg Jackson/7RV QGSA n. Federal on LC0293958 Location 1650 West Feet From The South Line and Feet From The Line 20 Township 175 Range 31E Eddy , NMPM, County III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil Address (Give address to which approved copy of this form is to be sent) or Condensate NONE WIW Name of Authorized Transporter of Casinghead Gas Address (Give address to which approved copy of this form is to be sent) or Dry Gas If well produces oil or liquids, Unit Sec. Twp. Rge. is gas actually connected? When ? give location of tanks. If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Oil Well Gas Well New Well | Workover Deepen Plug Back Same Res'v Diff Res'v Designate Type of Completion - (X) Date Spudded Date Compl. Ready to Prod. Total Denth P.B.T.D. Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Top Vil Vas Pay 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

Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, purp, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas- MCP
GAS WELL			
Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/AtAICI	Gravity of Condensate
l'esting Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shidi-in)	. Clioke Size

VI. OPERATOR 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. Signature Consultant Robert Printed Name Title 505/677-3223 2/25/91 Date Telephone No.

OIL CONSERVATION DIVISION

8 1991 Date Approved ORIGINAL MIKE WILLIAMS SUPERVISOR, DISTRICT I

Title____

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each nool in multiply completed wells