mit 5 Copies propriate District Office TRICT I). Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

OIL CONSERVATION DIVISION

P.O. Box 2088 Santa Fe, New Mexico 87504-2088

JUL 2 5 1991

Well API No.

RECEIVED

STRICT III X) Rio Brazos Rd., Aztec, NM 87410

TRICT II). Drawer DD, Artesia, NM 88210

REQUEST FOR ALLOWABLE AND AUTHORIZATION O. C. D. TO TRANSPORT OIL AND NATURAL GAS

Avon Energy	Corp.						Weil A		015 053	02	
P.O. Box 37,	Loco H	ills	, N	M 882	55	,					
eason(s) for Filing (Check proper box)					X Othe	t (Please explai	in)				
ew Well	Ch	ange in Tr		7-7	Cham.	je Well	Nome				
2011/121100	Oil		ry Ga	_	Chang	de merr	Hame			1	
hange in Operator \square	Casinghead G	<u>* </u>	onder	isale							
change of operator give name d address of previous operator											
DESCRIPTION OF WELL A	ND LEASI	E									
case Name Turner "B"		ell No. P		ame, Includir		n/7 RV Q	Kind o	(Lease Tederal (1988)		≥9395B	
ocation							_				
Unit Letter	:	F	eet F	rom The	outh Lim	1980 bac	D For	et From The _	East	Line	
Section 20 Township	175	F	lange	31E	, NN	ирм,	E	Eddy	· · · · · · · · · · · · · · · · · · ·	County	
I DESIGNATION OF TRANS	PORTER	OF OH	. AN	ID NATH	RAL GAS						
I. DESIGNATION OF TRANSPORTER OF OIL AND NATURA						Address (Give address to which approved copy of this form is to be sent)					
Texas-New Mexico Pipeline Co.						P.O. Box 2528, Hobbs, NM 88240					
lame of Authorized Transporter of Casinghead Gas XX or Dry Gas A						Address (Give address to which approved copy of this form is to be sent)					
Continental Oil Co	P.O.	P.O. Box 460, Hobbs, NM 88240									
well produces oil or liquids,	Unit Sec. Tw			Rge.	Is gas actually connected? When						
ve location of tanks.	0				Yes			10/24/60			
this production is commingled with that five COMPLETION DATA	rom any other	lease or po	ool, gi	ive comming!	ing order numi	ber:		CTB-	202		
Designate Type of Completion -		Dil Well	7	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded					Total Depth	J	.1	P.B.T.D.			
evations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Vil/Vas	Pay		Tubing Depth			
erforations					<u> </u>			Depth Casing Shoe			
	•						· _ 	<u> </u>		•	
TUBING, CASING AND O					CEMENTI	NG RECOR	D				
HOLE SIZE CASING & TUBING SIZE						DEPTH SET		SACKS CEMENT			
								FOX-7 15-3			
					<u></u>			8/	2-9/		
				.,	ļ			legs	well n	ame	
. TEST DATA AND REQUES	f FOR AL	LOWA	BLE	;				1			
) IL WELL (Test must be after re		volune o	f load	oil and must					for full 24 hou	rs.)	
Date First New Oil Rua To Tank	Date of Test				Producing M	ethod (Flow, p	ump, gas iyi, i	tic.)			
Length of Test	Tubing Pressure				Casing Press	ure		Choke Size			
								HEE MITE	Gas- MCF		
Actual Prod. During Test	Oit - Bbls.				Water - Bbla			Out mei			
GAS WELL											
Actual Prod. Test - MCF/D	Length of Test				Bbls. Conde	nsate/MNICF		Gravity of Condensate			
esting Method (pilot, back pr.)	Tubing Pressure (Shul-in)				Casing Presi	sure (Shut-in)	·····	Clioke Size			
VI. OPERATOR CERTIFIC	ATE OF (COMP	LIA	NCE		011 66:		47161	D. 40:0		
1 hereby certify that the rules and regulations of the Oil Conservation					1	OIL CONSERVATION DIVISION					
Division have been complied with and that the information given above						0 4004					
is true and complete to the best of my knowledge and belief.					Date Approved						
Solet SAT	<u> </u>										
Signalure Schert Setzler Consultant					^{by} -	By ORIGINAL SIGNED BY					
Printed Name Title					MIKE WILLIAMS						
Printed Name July 23, 1991 505/677-3223					TilleSUPERVISOR, DISTRICT #						
Date		Telep	olkone	No.		****	-	<u> </u>	- New		

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.
- 2) 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.