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Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

## State of New Mexico Energy, Minerals and Natural Resources Department RECOWED

OIL CONSERVATION DIVISION

Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

## DISTRICT II P.O. Drawer DD, Artesia, NM 88210

חופדשוכיד זוו

P.O. Box 2088 Santa Fe, New Mexico 87504-2088 DEC 21 30

SACKS CEMENT

1975 sx

300 sx /stID-

1-18-91

camp + BK

1000 Rio Brazos Rd., Aztec, NM 87410	REQU	JEST FO	OR AL	LOWAE	BLE AND	AUTHORI	ZATION:	. C. Q.			
ľ.		TO TRA	NSPO	ORT OIL	AND NA	TURAL G	AS ANT	SIA, OFFICE			
Operator   Well								API No.			
1								-015-264	66		
Address							., <u></u>				
105 South 4th St.,	Artesi	a, NM	8821	.0							
Reason(s) for Filing (Check proper box)					Oth	er (Please expl	ain)	## · · · · · · · · · · · · · · · · · ·	***************************************		
New Well		Change in	Transpo	rter of:		_					
decompletion Oil Dry Gas											
Change in Operator	Casinghea	d Gas 🔲	Conden	sate 🗌							
If change of operator give name and address of previous operator  II. DESCRIPTION OF WELL	ANDIE	A CE									
Lease Name	AND LE		De al Ma		F		1				
Ceniza AGZ Com		Well No.			ng Formation er Draw	Upper Pe		of Lease Federal or Fee		енье No.	
Location						Associ			<u> </u>		
Unit Letter M	660 South 725										
Olik Letter	- :		reet Pro	om the	Lin	e and	F	eet From The _	WESL	Line	
Section 12 Township	20	S	Range	24E	. NI	MPM,	1	Eddy		County	
III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil	SPORTE	R OF OI	L ANI	NATU		e address to wh	tich approve	I copy of this fo	rm is to he s		
Permian Operating Limit	ited Pa				PO Box	1183, на	ouston.	TX 772	51 <b>-</b> 1183	,,,,	
Name of Authorized Transporter of Casing	head Gas	(XX)	or Dry (	Gas 🗍							
	Ates Petroleum Corporation				Address (Give address to which approved copy of this form is to be sent) 105 So. 4th St., Artesia, NM 88210						
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.		ls gas actuali		When	1 ?	6-90		
If this production is commingled with that I	from any oth	<del></del>				DEF:	<b>I</b>	.1.4-			
Decience Time of Constaling	an	Oil Well	G	as Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion		X			X		1	l i		i	
Date Spudded	1 -	ol. Ready to	Prod.		Total Depth			P.B.T.D.			
9-24-90	12-18-90				9602'				9293'		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth			
3602' GR	Canyon				7778'			7757'			
Perforations 7788-8899' 7797  Depth Casing Shoe 9602'											
	T	UBING.	CASIN	G AND	CEMENTIN	NG RECOR	D				

V. TEST DATA AND REQUEST FOR ALLOWABLE OH WELL

**HOLE SIZE** 

14-3/4"

8-3/4"

OID ALTERIA (LESS MIRES OF O	iter recovery of total volume of toda of	u ana musi de equal lo or exceea lop alloi	wable for this depth or be for full 24 hours.)				
Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pur	Producing Method (Flow, pump, gas lift, etc.)				
12-6-90	12-18-90	Pumping					
Length of Test	Tubing Pressure	Casing Pressure	Choke Size				
24 hrs	176 psi		2"				
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas- MCF				
462	63	399	131				
GAS WELL							

**DEPTH SET** 

1205'

9602**'** 7757**'** 

Actual Prod. Test - MCF/D Length of Test Bbls. Condensate/MMCF Gravity of Condensate Tubing Pressure (Shut-in) Casing Pressure (Shut-in) Testing Method (pitot, back pr.) Choke 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 i	my knowledge and belief.
Signature Juanita Goodlett	Soudless - Production Supvr.
Printed Name 12-19-90	Title (505) 748-1471
Date	Telephone No.

## OIL CONSERVATION DIVISION

JAN 1 1 1991 Date Approved \_\_\_\_\_ By\_ ORIGINAL SIGNED BY MIKE WILLIAMS SUPERVISOR, DISTRICT IT

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.

CASING & TUBING SIZE

9-5/8"

2-7/8"

- 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 pool in multiply completed wells.