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State of New Mexico Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION DISTRICT II P.O. Drawer DD, Artesia, NM 88210

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

DISTRICT III
1000 Rio Brazos Rd., Aziec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION

,	T	TRANS	PORT OIL	AND NAT	URAL GA	<u>S</u>	S			
Well							10039233630051			
Address										
Research for Filing (Check proper box) Other (Please explain)										
New Well Change in Transporter of: CHANGE OF NAME ONLY										
Recompletion Oil Dry Gas Change in Operator VX Casinghead Gas Condensate										
If change of operator give name CREAT WESTERN RESOURCES INC.										
and address of previous operator										
II. DESCRIPTION OF WELL	ND LEAS	SE Vell No. Por	ol Name, Includia	g Formation	Ex		Lesse Fed	,	se No.	
Martin-Whittake	1		. Lindri		lup Dak	State, I	ederal or Fee	JIC =	362	
Location Unit Letter	. 16.	50 F	at From The	VLiss	and//9	<u></u>	at From The _	ω_{-}	Line	
	-) つ 4		4 /	/	(19) (Rio	Arriba	ı	County	
Section 6 Township X 3 N Range 1 W , Towners,										
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil (XX) or Condensate Address (Give address to which approved copy of this form is to be sent)										
	P.O. Box 159, Bloomfield, NM 87413									
Name of Authorized Transporter of Casing	head Gas	Gas XX or Dry Gas Address (Give address to watch approved copy of the form to 20 or 200.79						M) 'S		
El Paso Natura		CO.	vo. Rge.	P.O. Box 1492, El Paso, TX 79978 Is gas actually connected? When ?						
If well produces oil or liquids, give location of tanks.	F 1		23N 4W	Yes 10/30/84						
If this production is comminged with that f	rom may othe	r lease or poo	l, give commingli	ing order numb						
IV. COMPLETION DATA		los was	Ges Well	New Well	Workover	Deepes	Plug Back	Same Res'v	Diff Res'y	
Designate Type of Completion		Oil Well	<u> </u>	Total Depth			P.B.T.D.	<u> </u>	<u>i</u>	
Date Spudded	Date Compi. Ready to Prod.			Total Depth			r.s. i.u.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation			Top Oil/Gas Pay			Tubing Depth			
Perforations							Depth Casing Shoe			
	T	UBING, C	ASING AND	CEMENTI	NG RECOR	D				
HOLE SIZE	CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT			
				 						
	 	·								
V. TEST DATA AND REQUE	T FOR A	LLOWA	BLE	s he sound to on	e exceed too all	owable for th	is depth or be	for full 24 ha	wrs.)	
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 Rua To Tank Date of Test Producing Method (Flow, pump, gas lift, etc.)										
Length of Test	Tubing Pre	canus		Casing Press	in in	IEG	Choke Size	तार्थ		
Actual Prod. During Test	Oil - Bbls.			Water - Bbit	·		Gas- MCF			
	<u> </u>			<u> </u>		JAN2	2 1990	<u>₹</u>		
GAS WELL	Langth of	Test		Rhie Conde	amin/MMCR)II C C	Mavipol	Contenue	· 	
Actual Prod. Test - MCF/D	Langua Or					DU	3	المسلكم والمساورة	·	
Testing Method (pitet, back pr.)	Tubing Processe (Shut-in)			Casing Pres	eurs (Shut-in)	:	Choke Su			
VL OPERATOR CERTIFICATE OF COMPLIANCE OIL CONSERVATION DIVISION										
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above										
Division have been compact with and that the information gives above is true and complete to the best of my knowledge and belief.					e Approv	ed	JAN 2	2 1990		
End Hines				-						
CYD HINES Engineering Asst.				11 -	SUPERVISOR DISTRICT #3					
Prised Name /1/8/89 (713) 739-8400 Title										
Dute		Telep	phone No.	ll						

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

- 1) Request for allowable for newly drilled or despened 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.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.