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

State of hierophilesters Energy, Minerals and Natural Resources Department

DISTRICT II P.O. Drawer DD, Astesia, NM 88210

OIL CONSERVATION DIVISION P.O. Box 2088

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

Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION

T .	Т	O TRANS	SPORT OIL	AND NA	FURAL GA	S				
Operator						Well A		PINO. 039234560051		
GREAT WESTERN	ONSHOR	E INC.					00 1 32	149 600	31	
Address 1111 Bagby Str	eet.S	uite 1	700. Hou	iston.	Texas	77002				
Reason(s) for Filing (Check proper box)				Oth	x (Please expla	in)				
New Well	Change in Transporter of: CHANGE OF NAME ONLY									
Recompletion	Oil Casinghead	_	ndeasate							
If change of operator give name			RESOUR	TES INC						
and address of previous operator			KEBOOK	-HO 1110					· · · · · ·	
II. DESCRIPTION OF WELL		SE Well No. Po	ol Name, Include	es Rosmetica	Ev	t. Kind o	Classe Fix	/ IA	ass No.	
Lease Name Martin-Whittak			. Lindr:	-		1 64	ederal or Fee			
Location								.)		
Unit Letter	.:_76	, () Fe	et From The	<u>5</u> i	<u> </u>	<u>//</u> F	t From The .	$-\omega$	Line	
Section /6 Township	931	23N Rames 4W			.NMPM. Rio			Arriba County		
Section / O Township	<u> </u>		700	,	-	-				
III. DESIGNATION OF TRAN				RAL GAS	e address to wh	ish samenad	soon of this f	arm in to be so)	
Name of Authorized Transporter of Oil	XXI	or Condenses	· 🗆	i .						
Gary Energy Co Name of Authorized Transporter of Casing	P.O. Box 159, Bloomfield, NM 87413 Address (Give address to which approved copy of this form is to be sent)									
El Paso Natura		co.			P.O. Box 1492, El Paso, TX 79978					
If well produces oil or liquids, give location of tanks.	Unit :		$3N \mid 4\omega$	is gas actually connected? When Yes			10/30/84			
If this production is commingled with that i				<u></u>			107	30,04		
IV. COMPLETION DATA	tom my one									
D. J. and T. and Completion	(30)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Reg'v	
Designate Type of Completion		. Ready to Pr	<u></u>	Total Depth		L	P.B.T.D.	<u> </u>		
Date Spudded	Date Compa	. Kenty es ri					r.b. t. b.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Pro	oducing Form	ation	Top Oil/Gas Pay			Tubing Depth			
Perforations				<u> </u>	<u>L </u>			Depth Casing Shoe		
renormous										
TUBING, CASING AND					CEMENTING RECORD					
HOLE SIZE	CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT			
	 		·	 			 			
	 			 						
V. TEST DATA AND REQUES				e ha saual ta ar	a amanad sam all	awahla faz th	is death as he	for full 24 hou	ws l	
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.)										
	J									
Length of Test	Tubing Pres			Casing Press	<u></u>	rar	Choke Size	, E		
Actual Prod. During Test	Oil - Bhia			Water - Bhis		ECE	GA- MCF	##		
Actual Log Daing 140	OH - BOKE					_		In		
GAS WELL						JAN22	1990			
Actual Prod. Test - MCF/D	Leagth of	Test		Bbls. Conde	acate/MM/GIS	I CON	1 CHAIA	Confesses		
Totting Method (miss, back or.) Tubing Pressure (Shut-in)						DIST	Choke Siz			
Testing Method (pitet, back pr.)	Tubing Pro	name (Sprt-A)	Casag Pres	mer (Shul-ia)	(J.O.	Choke St	•		
VI OPERATOR CERTIFIC	'ATE OF	COMP	TANCE	┪┌──			<u> </u>	· · · · · · · · · · · · · · · · · · ·		
VI. OPERATOR CERTIFICATE OF COMPLIANCE 1 hereby certify that the rules and regulations of the Oil Conservation					OIL CONSERVATION DIVISION					
Division have been complied with and that the information given above				il .			JAN 2	9 1000		
is true and complete to the best of my knowledge and belief.				Dat	e Approvi	ed	JAN &	& 1330°		
· Gud Hines						-7		1	,	
Signature					By Sund Change					
CYD HINES Engineering Asst.				11	_	SUPE	RVISOR	DISTRICT	#3	
11/17/89	(713		-8400	Title	T					
Date		Telep	hoes No.	H						

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 accords 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.