Submit 5 Copies
Anysopriate District Office
\*/JSTRICT1
P.O. Box 1980, Hobbs, NM 88240

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

OIL CONSERVATION DIVISION

Energy, Minerals and Natural Resources Department

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

Revised 1-1-89
See Instructions
at Bottom of Page

DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410		DALL OWARD	1 E AND A		TATION	i.				
	REQUEST FOR	SPORT OIL								
I. Operator	10 Inai		Well API No.							
Energy Development	t Corporation	79 72			30-043-20895					
Address			.,							
1000 Louisiana, Su	uite 2900-Hous	ton, Texas			<del></del>					
Reason(s) for Filing (Check proper box)	entuen	<b>6</b>	☐ Other	t (Please expla	un)					
New Well	Change in Tr	ransporter of:						I		
Recompletion		ondensate								
If change of operator give name	Calculation of the Calculation o									
and address of previous operator				· <del></del> -						
II. DESCRIPTION OF WELL	AND LEASE				V:-1-	Lease	1.	asa No		
Lease Name San Isidro 5 / 34  Location	Well No.   P	B. 01.12-11			Lease No. Federal or Fee NM-77654 NM-56298					
Unit Letter B	_ :475 <b>F</b>	eet From The No	rth Line	and	1750 <b>F</b> ∞	et From The _	East	Line		
Section 5 Township	p 20N R	lange 2W	, NN	лрм,		San	idoval	County		
III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil	SPORTER OF OIL  or Condensa	AND NATU	RAL GAS Address (Give	e address to wh	hich approved	copy of this for	m is 10 be se	ni)		
	Address (Give address to which approved copy of this form is to be sent)  P. O. Box 159 Bloomfield, NM 87413									
Mame of Authorized Transporter of Casing N.A.	ghead Gas 🔲 0	or Dry Gas	Address (Giw	e address to w	hich approved	copy of this for	m is to be se	nt)		
If well produces oil or liquids,			Is gas actually	y connected?	When	?				
give location of tanks.	В 5	20N 2W		No	1	N.A.				
If this production is commingled with that IV. COMPLETION DATA	from any other lease or po	ol, give comming!	ing order numb	xer:						
Designate Type of Completion	- (X) Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v		
Date Spudded	Date Compl. Ready to F	rod.	Total Depth	6714'	MD	P.B.T.D.	6714' 1	MD		
7/19/93	11/2/93		4878' TVD			4878' TVD				
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Fort	Top Oil/Gas	Top Oil/Gas Pay 5215' MD			Tubing Depth				
6936' RKB Mancos			4766' TVD			4393 MD Depth Casing Shoe				
Perforations of	BG TVD	BTM 67	14 MD	487	2 Tup	nurios	3567 <b>'</b> 1	MD		
Top 5215 mo, 470	TUBING. (	CASING AND	CEMENTI							
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT				
12 1/4"	9 5/8"		374'			195 sxs std. +2% cacl				
	8 3/4" 7"		3565'			1st stage 280 sxs				
		DV tools at 1972'			2nd stage 260 sxs					
V. TEST DATA AND REQUE	2 7/8" ST FOR ALLOWA	BLE		931	loumble for th	s depth on he f	or full 24 hou	T		
	recovery of total volume of	ј 10аа он апа тиз	Producing M	ethod (Flow, p	eump, gas lift,	etc.)		× 100 ≜		
Date First New Oil Run To Tank	Date of Test 11/3/93		Pump				JAN2'	6 133 <del>4</del> .		
11/2/93 Length of Test	Tubing Pressure		Casing Pressure			Choke Size				
24	25	-			25			14.123		
Actual Prod. During Test	Oil - Bbls.		Waler - Bbls.			Gas- MCF	DIS	1. 3.		
	132			0		TST	M			
GAS WELL						Tomolog of C	ondeneste			
Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF			Gravity of Condensate					
	Tubing Pressure (Shut-in)		Casing Pressure (Shut-in)			Choke Size				
Testing Method (pitot, back pr.)	Inough Liessuie (Sint-	/								
VI. OPERATOR CERTIFIC	CATE OF COMP	LIANCE			NSEDV	'ATION	וואומ	ΩN		
I hereby certify that the rules and regu	ulations of the Oil Conserv	ration		OIL OO	NOENV	AHON	بان ۱۸۱۰	<b>011</b>		
Division have been complied with and that the information given above				Data Approved MAR 1 0 1997						
is true and complete to the best of my knowledge and belief.				Date Approved						
					<u> </u>	× ~1	/			
Signature			∥ By_		D.	1.	8			
Gene Linton Super	rvisor-Product	ion Acct.	Title		SUPERV	ISOR DIS	TRICT :	ł ą		

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

713/750-7563

1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of devi

Telephore No.

with Rule 111. 2) All sections of this form must be filled out for allowable on new and read