## Submit 5 Copies Appropriate District Office DISTRICT I P.O. Box 1980, Hobbs, NM 88240

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

Form C-104

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

OIL CONSERVATION DIVISION P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

| Revised 1-1 | -89     |
|-------------|---------|
| See Instruc | tions   |
| at Bottom o | of Page |

| · e •   | Т                           | ro trai       | NSPO          | RT OIL          | <u>AND NA</u>             | TURAL C                     | iAS                       | DIMA                       |                   |              |
|---|-----------------------------|---------------|---------------|-----------------|---------------------------|-----------------------------|---------------------------|----------------------------|-------------------|--------------|
| erator  |                             | <del></del>   |               |                 |                           |                             | Well A                    | PI No.                     | -1                |              |
| ixon Development Comp                                   | any                         |               |               |                 |                           |                             | 30-                       | <u>045-2773</u>            | <u>/</u>          | <del> </del> |
| lress   |                             |               |               |                 |                           |                             |                           |                            |                   |              |
| .O. Box 2810, Farming                                   | ton, N.                     | .M. 87        | 499           |                 | - TTO                     |                             | -1-1-1                    |                            |                   |              |
| son(s) for Filing (Check proper box)                    |                             |               |               | _               | ∑ Oth                     | er (Please exp              | Chango i                  | 71(1.1                     |                   |              |
| v Well  |                             | Change in     |               | 1 1             | weı                       | .1 Name                     | Change (                  | 7                          |                   |              |
| completion  | Oil                         |               | Dry Gas       | _               | ,                         | 7)41                        | 313 #                     | (1)                        |                   |              |
| inge in Operator  | Casinghead                  | d Gas         | Condens       | 21c             |                           | - JU.                       | 2/3 -                     | //                         |                   |              |
| ange of operator give name address of previous operator |                             |               |               |                 |                           |                             |                           |                            |                   | <del></del>  |
| DESCRIPTION OF WELL                                     | ND LEA                      | ASE           |               |                 |                           |                             | T                         |                            | 10                | 25c No.      |
| ise Name  |                             | Well No.      |               |                 | g Formation               |                             |                           | of Lease<br>Federal or Fee | 1                 |              |
| arson Unit 11   |                             | 313           | Basi          | n Frui          | tland Co                  | oal                         |                           | Federal or Fee<br>Jederal  | SF 07             | 8007         |
| cation  |                             | <u> </u>      |               |                 |                           |                             |                           |                            | I.I. at           |              |
| Ť.  | . 13                        | 40            | Feet Fro      | om The So       | outh Lin                  | $\kappa$ and $\frac{98}{2}$ | 85. F                     | ect From The _             | West              | Line         |
| Unit Letter   |                             |               |               |                 |                           |                             |                           |                            |                   |              |
| Section 11 Township                                     | , 25                        | N             | Range         | 12              | W , N                     | мрм,                        | San Jua                   | an                         |                   | County       |
|   |                             |               |               |                 |                           |                             |                           |                            |                   |              |
| DESIGNATION OF TRAN                                     | SPORTE                      | R OF O        | (LAN          | D NATU          | RAL GAS                   |                             | which approve             | d some of this f           | orm is to he se   | ent)         |
| me of Authorized Transporter of Oil                     |                             | or Conden     | sate          |                 | Address (G)               | ve address to               | wnich арргоч <del>е</del> | a copy of this f           | 51771 15 10 00 30 | ,            |
|   |                             |               |               |                 |                           |                             | which approve             | d come of this (           | orm is to be se   | nt)          |
| me of Authorized Transporter of Casing                  | thead Gas                   |               | or Dry        | Gas X           | Address (Gi               | ve address to               | , E-min                   | aton N                     | M. 8749           | 9            |
| TAON DEVELOPMENT COM                                    | arry                        |               |               |                 |                           |                             |                           |                            |                   |              |
| vell produces oil or liquids,                           | Unit                        | Soc.          | Twp.          | Rgc.            | Is gas actual             |                             | 1 1 1                     | и :                        |                   |              |
| location of tanks.                                      |                             | l             | <u> </u>      | <del></del> _   | 1                         | 0                           |                           |                            |                   |              |
| nis production is commingled with that                  | from any od                 | her lease or  | pool, giv     | e commingi      | ing order num             | 10C1.                       |                           |                            |                   |              |
| . COMPLETION DATA                                       |                             |               | <del></del>   |                 | 1 27 - 227-11             | Workover                    | Deepen                    | Plug Back                  | Same Res'v        | Diff Res'v   |
|   | $\propto$                   | Oil Well      | . ] (         | Gas Well        | I WEM MET                 | 1 WOLKOVE                   | l Dupen                   | 1 1100                     |                   | j            |
| Designate Type of Completion                            |                             |               |               |                 | Total Depth               | _l                          | L                         | P.B.T.D.                   | l                 |              |
| te Spudded  | Date Com                    | ipl. Ready to | o Prod.       |                 | Tour Bepar                |                             |                           | 1.2                        |                   |              |
|   |                             |               |               |                 | Top Oil/Gas Pay           |                             | Tubing Dep                | Tubing Depth               |                   |              |
| evations (DF, RKB, RT, GR, etc.)                        | Name of Producing Formation |               |               |                 | 100 012 013 1 - 9         |                             | 140                       | Traing 2 of a              |                   |              |
|   |                             |               |               |                 |                           |                             |                           | Depth Casing Shoe          |                   |              |
| riorations  |                             |               |               |                 |                           |                             |                           |                            |                   |              |
|   |                             | ~~ IDDIA      | CAST          | NIC AND         | CEMENT                    | TNG REC                     | ORD                       |                            |                   |              |
|   |                             |               |               |                 | CENTENT                   | DEPTH S                     | FT                        | 1                          | SACKS CEM         | IENT         |
| HOLE SIZE   | C/                          | ASING & TI    | UBING         | SIZE            |                           | DEI 111 0                   | <u></u>                   |                            |                   |              |
|   |                             |               |               |                 |                           |                             |                           |                            |                   |              |
|   | <del> </del>                |               |               |                 |                           |                             |                           |                            |                   |              |
|   | <del> </del>                |               |               |                 |                           |                             |                           |                            |                   |              |
| The second  | CT FOR                      | ALLOW         | ARLE          |                 | J                         |                             |                           |                            |                   |              |
| TEST DATA AND REQUE                                     | SI POR                      | ADDOTT        | oflood        | oil and mus     | t be equal to             | or exceed top               | allowable for t           | his depth or be            | for full 24 ho    | urs.)        |
| IL WELL (Test must be after t                           | Date of T                   |               | 0) 1000       | 011 41745 11745 | Producing I               | Method (Flow                | v, pwnp, gas lift         | , elc.)                    |                   |              |
| ate First New Oil Run To Tank                           | Date of 1                   | CSL           |               |                 |                           | e to ch                     | and an balds              | 0° 10                      |                   |              |
|   | Tubing Pressure             |               |               |                 | Casing P                  | Je E                        | 217                       | Charle Size                | ,                 |              |
| ength of Test   |                             |               |               |                 |                           |                             |                           |                            |                   |              |
|   | I DIL                       |               |               |                 | Water - Be                | 1111                        | Ω Δ 1000                  | G. MCF                     |                   |              |
| ctual Prod. During Test                                 | Oil - Bbl                   | S,            |               |                 |                           | JUN                         | 12 0 1990                 |                            |                   |              |
|   |                             |               |               |                 | .L. — ———                 | 011 6                       | ON. D                     | IV                         |                   |              |
| GAS WELL  |                             |               |               |                 |                           |                             |                           | Gravity of                 | Condensate        |              |
| actual Prod. Test - MCF/D                               | Length o                    | of Test       |               |                 | Bbls. Cond                | iensate/MM                  | DIST. 3                   | Glavity of                 | and marking and   |              |
|   |                             |               |               |                 | Casing Pressure (Shut-in) |                             | Choke Size                |                            |                   |              |
| esting Method (pitot, back pr.)                         | Tubing I                    | Pressure (Sh  | ut-in)        |                 | Casing Pre                | ssure (Shul-ii              | ш)                        | المال فلمرابث              | -                 |              |
|   |                             |               |               |                 |                           |                             |                           |                            |                   |              |
| /I. OPERATOR CERTIFIC                                   | TATEC                       | E COM         | DI IA         | NCE             |                           | 011 0                       |                           | VATION                     | וסועופו           | ONI          |
| AT OPERATOR CERTIFIC                                    | JAXXII ∪                    | ha Oil Cana   | arvalian<br>A |                 |                           | OILC                        | ONSER                     | VALION                     | וסועוטו           | OIA          |
| I hereby certify that the rules and regu                | TINOUR OF I                 | ne On Cons    | C. FALLOII    |                 | 11                        |                             |                           |                            |                   |              |

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

President

(505) 326-3325

Division have been complied with and that the information given above

is true and complete to the best of my knowledge and belief.

Signature Aldrich L. Kuchera

Printed Name

Date

1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.

Date Approved \_\_\_

JUN 22 1990

SUPERVISOR DISTRICT #3

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.

Telephone No.

4) Separate Form C-104 must be filed for each pool in multiply completed wells.