Submit 5 Copies
Appropriate District Office
DISTR. TI
P.O. Box 1989, Hobbe, NM 88240

Energy, Minerals and Natural Resources Department

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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

DISTRICT II P.O. Drawer D'D, Anesia, NM 88210

REQUEST FOR ALLOWABLE AND AUTHORIZATION

	TO	TRANS	PORT OIL	AND NAT	TURAL GA	\s				
) perator		Well API No.								
WEST LARGO CORP. 37197							30-045-2	28334		
4ddress 6638 W Ottawa Ave	#100		Littleton	•		0123				
Reason(s) for Filing (Check proper box)				Outs	n (Please expla	IUI)				
New Well		hange in Tran								
Recompletion	Oil Casinghead C	L Dry Gas ☐ Con	densate [1	
				1(0)	CII 27+h	C+	Topeka	KS	66611	
ad address of previous operator In	<u>cline Re</u>	eserves	inc.	1003	SW 37th	St.	торека	IND.	00011	
I. DESCRIPTION OF WELL A	ND LEAS	E								
Lease Name	W	/ell No. Poo	Name, Including	g Formation Kind of Kind of XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX			Lease No.			
Kendall 24 /4	174	11-2	Dasin II	arciana	0001 ///	22-/1				
Unit LetterK	:159	50 Fee	t From The S	outh Lie	1900) Fee	st From The .	West	Line	
Section 24 Township	291	N Ra	10W	, N	MPM, Sa	an Juan			County	
II. DESIGNATION OF TRANS	CD/OTFD	OF OIL	AND NATU	RAL GAS						
Name of Authorized Transporter of Oil	CORTER	r Condensate	X	Address (City	e address to wi	hich approved	copy of this f		ni)	
Giant Refining Co.				P O BO	x 256		ngton	NM	87499	
Name of Authorized Transporter of Casing	Authorized Transporter of Casinghead Gas or Dry Gas				Address (Give address to which approved copy of this form is to be sent) P.O. BOX 4990 Farmington NM 87499					
El Paso Natural Ga	S			P O BOX 4990 Farming Is gas actually connected? When			8,737			
If well produces oil or liquids, give location of tanks.	Unut S IKI	iec. 174 24 2	p Kga. 9N 10W		y comected? ES		, 7/08/91			
If this production is commingled with that f						<u>~</u>	7700722			
IV. COMPLETION DATA	10111 887 0481	10000 01 1000								
Designate Type of Completion		Oil Well	Gas Well	New Well	Workover	Deepes	Plug Back	Same Res'v	Diff Resiv	
Date Spudded	Date Compi. Ready to Prod.			Total Depth			P.B.T D.			
Elevations (DF, RKB, RT, GR, etc.)	OF, RKB, RT, GR, etc.) Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth		
Perforations							Depth Casing Shoe			
				<u> </u>	NC DECOR	20		 		
	TUBING, CASING AND HOLE SIZE CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT			
HOLE SIZE	CAS	ING & TUBI	10 5122	Jer m de i						
										
							1			
V. TEST DATA AND REQUES OIL WELL (Test must be after t	ST FOR A	LLOWAB	LE land out and must	4 he equal 10 0	 e exceed ton al	lavable for the	is depth or be	for full 24 ho	urs.)	
OIL WELL (Test must be after to Date First New Oil Rus To Tank	Date of Test		oga ou ana musi	Producing N	tethod (Slower	was say lift.	etc.)	/- /	<u> </u>	
Date File from Oil Kon 10 1	Jest 01 .11				MEG	FIV	FM			
Length of Test	Tubing Pressure			Casing Pressure						
Actual Prod. During Test	Oil - Bbls.			Water - Bbl	Water - Bbla. MAR 01 1994					
	<u> </u>			<u> </u>		ON. D	V.1	·		
GAS WELL	11			TRNA Cond	MMCPI		-	Condensais		
Actual Prod. Test - MCF/D	League of T	444		DOIS. COM					T.	
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)			Casing Pressure (Shut-is)			Choke Size			
M ODED ATOD CEDITIFIC	ATE OF	COMP	IANCE	1						
VI. OPERATOR CERTIFICATE OF COMPLIANCE I 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					MAR 0 1 1994					
is true and complete to the best of my knowledge and belief. WEST LARGO CORP.					Date Approved					
argu W feelling					By Buch Chang					
Roger W. Luallin Vice President						SUPERV	VISOR DI	STRICT	/3	
Printed Name 02/22/94		913-267	-5033	Titl	θ					
Due		Teleph	none No.	Н						

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.
- 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.