Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM \$8240

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-104 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., Aziec, NM 87410

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

								Well A	P1 140.			
penior Vantage Point Oper	rating	Compai	n v						300	45099	137	
dress		Compar	<u>y</u>									
5801 E. 41st, suit	te 1001	. Tul:	sa. 0	k1	ahoma	74135						
eason(s) for Filing (Check proper box)						Othe	(Please expla	in)				
ew Well		Change i			of:	A 1	\hat{O}		~ 11	10.11		
ecompletion	Oil		Dry G		닏	Non	-Produ	rcino)	VII W	Je 1]		
hange in Operator	Casinghea	ıd Gas	Conde	e m t	e 📋							
change of poerator give name APCO	Oil an	nd Gas	Comp	an	v. P.(). Box 1	610, Mid	land, To	exas 79	702		
d address of previous operator ARCO	vision	of At	lant i	С	Richfi	eld Com	pany					
L DESCRIPTION OF WELL	AND LE	ASE						Vinde	Lesse	1	ase No.	
ease Name		Well No		۱am	e, Includin	g Formation		State.	Federal or Fe		59-4	
Horseshoe Gallup Unit		239	Но	rs	eshoe	Gallup						
ocation							7 -	5 1		What		
Unit Letter	. 2	19]	_ Feet F	rom	The <u>No</u>	orth Lin	and33	Fe	et From The.	10621	Line	
								San Jua			County	
Section 2 Township	, 30-	- N_	Range	/	6- V	∨ ,N <u>I</u>	лРМ,				County	
II. DESIGNATION OF TRAN	SPORTE	ER OF	OIL A	ND	NATU	CAL GAS	e address to wi	ich approved	comy of this !	orm is to be se	ent)	
Name of Authorized Transporter of Oil		or Cond	ensate			Virginia (OU)		2pp. 0.00	17 4		•	
						Address (Ci.	e address to w	hich approved	copy of this !	form is to be se	ent)	
Name of Authorized Transporter of Casin	ghead Gas		or Dr	y Ga	" []	Vomen (Ou					·	
		1-	1+	 -	D	le mas ambiali	v connected?	When	7			
If well produces oil or liquids,	Unit Sec.		Twp	1	Kge.	is gas actually connected? Wh			-			
ive location of tanks.		<u> </u>				na opte =::						
this production is commingled with that	from any of	ther lease (or pool, g	pve ·	commingu	ng order nami						
V. COMPLETION DATA						Nav Wall	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
- i - F Completion	œ	Oil W	ell j	Ga	• Well	I New Hell	1	1		i	i	
Designate Type of Completion	- (A)		Ja Prod			Total Depth		.L	P.B.T.D.	_l		
Date Spudded	Date Con	npi. Ready	ID FIOL									
	Top Oil/Cas Pay			Tubing De	Tubing Depth							
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation						•						
						L			Depth Casi	ng Shoe		
Perforations												
		TURIN	G CAS	IN	GAND	CEMENT	NG RECOR	ND C				
	TUBING, CASING AND CASING & TUBING SIZE					DEPTH SET			SACKS CEMENT			
HOLE SIZE	- C	ASING &	10000									
V. TEST DATA AND REQUE	ST FOR	ALLO	WABL	Ē								
	recovery of	total volu	me of loa	d oi	and must	be equal so o	r exceed top al	lowable for th	is depth or be	for full 24 ho	ws.)	
OIL WELL Test must be after Date First New Oil Run To Tank	Date of					Producing N	tethod (Flow, p	ownp, gas lift,	esc.)			
Date Firm New Oil Rull To Tank	Date of	•••										
1 of Ton	Tubing F	Tubing Pressure					sure		Chord Sire			
Length of Test	Tuoing.	I mount to come							I GH- NCE			
Actual Prod. During Test	Oil - Bb	Oil - Bbls.					Water - Bbls.			Gas-MCF		
Actual Proof During Feet	On Do	Oli - Bols.								1 201		
									اهراء ماندو	COM		
GAS WELL	Length of Test					Bbls. Conde	DENE/MMCF		Gravity of	Condensue		
Actual Prod. Test - MCF/D	Length (Length of Test										
	Method (nites back or) Tubing Pressure (Shut-in)					Casing Pres	sure (Shut-in)		Choke Siz	æ	•	
Testing Method (pitot, back pr.)	Inoing	1100016 (~.~ w)									
						-						
VI. OPERATOR CERTIFIC	CATE C	OF COM	MPLL	ΔN	CE		OIL CO	NSER\	/ATION	DIVISI	ON	
I hamby certify that the nilet and reg	ulations of t	the Oil Co	Declatio	a		1						
Division have been complied with an is true and complete to the test of m	athat the in	normauon e and belie	"{. Riacri≇o	~, 7 C		∥ ns	a Annrau	od	• • • • •			
is true and complete to the tiest of m	, monscoke	,				Dai	e Approv	50 -FE	:B 2 7 19	191		
Wal. I of M.	004							-				
Wholan J. Sty	KHIC,	<u> </u>	1 1	1		/∥ By.			\longrightarrow			
Signature / Gran	enich	PON	ducti	on	ASST	H 1	•	المندة). The			
Printed Name			Tid	e ,		Titl	e l	SUPERVI	san nie	TDIOT A	•	
1-19-91	/ /											
1~/ / //	9	18-66	74-7 Telephor	10	<u> </u>			POT ETTY	0011 010	THICK F	7	

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.