Limit 3 Limes poropriate Listing Office P.O. Box 1980, Hobbs, NM 88240

Lie of New Mexico Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT II P.O. Drawer DD. Anesia, NM 88210 1000 Rio Brazos Rd., Azzec, NM 87410 REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS Operator <u>cion Texas Petroleum Corporation</u> saaress 77252-2120 2120 Houston, Reason(s) for Filing (Check proper box) Other (Please explain) Change in Transporter of: Dry Gas Recompieuon Change in Operator Condensate Casinghead Gas If change or operator give name and address of previous operator II. DESCRIPTION OF WELL AND LEASE Kind of Lease State, Federal or Fee Lease Name Well No. | Pool Name, including Formation Lease No. SF078510 Oxnard <u> Blanco (Mesaverde)</u> Location 1830 Mora Line and Feet From The Init Letter 31N 08H San Juan Township Range , NMPM, County III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name or Authorized Transporter of Oil Address (Give address to which approved copy of this form is to be sent) or Condensate <u> Peridian Oil Incorporated</u> P.O. Box 4289, Farmington, New Mexico 87499 Name or 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 2120, Houston, Texas 77252-2120 Inion Texas Petroleum Corporation if wen produces on or inquids, Unit Sec. Twp. Rge. | Is gas actually connected? When? If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Oil Well Gas Well New Well Workover Deepen Plug Back Same Res'v Diff Resy Designate Type of Completion - (X) Total Depth Date Compi. Ready to Prod. PRTD Top Oil/Gas Pay Elevanons (DF, RKB, RT, GR, etc.) Name of Producing Formation **Tubing Depth** Perforations Depth Casing Shoe TUBING, CASING AND CEMENTING RECORD HOLE SIZE SACKS CEMENT CASING & TUBING SIZE DEPTH SET V. TEST DATA AND REQUEST FOR ALLOWABLE 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 ho Til Date First New Oil Run To Tank Date of Test Producing Method (Flow, pump, gas lift, etc.) Choke Sit Length of Test Casing Pressure Tubing Pressure OCT 2 3 1989 Actual Prod. During Test Water - Bbls. Oil - Bbls. OIL CON. DIV DIST. 3 **GAS WELL** Gravity of Condensate Actual Prod. Test - MCF/D Bbis. Condensate/MMCF Length of Test Tubing Pressure (Shut-in) Casing Pressure (Shut-in) Testing Method (pitot, back pr.) VI. OPERATOR CERTIFICATE OF COMPLIANCE OIL CONSERVATION DIVISION I hereby certify that the rules and regulations of the Oil Conservation plied with and that the inform LLOE gives above Division have be OCT 23 1989 is true and come e to the best of my knowledge and belief. Date Approved By_ Signature Reg. Permit Coord. Ken SUPERVISOR DISTRICT #3 Printed Name Title.

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

10-16-89

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.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.

(713)968-3654

Telephone No.

- 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.