DISTRICTA
P.O. Box 1980, Hobbs, NM 18240

OIL CONSERVATION DIVISION DISTRICT II P.O. Drawer DD, Arteria, NM 88210 P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

							ા Well /	U'I No.			
Operator		Comme					i	004510546	5		
Vantage Point Ope	racing	compan	ı y								
Address	. 100	, er 4		h. 11.	7/.125						
5801 E. 41st, sui	te 1001	Tuls	a, 0	<u>clahoma</u>	(411) (411)	er (Please explo	in)				
Resson(s) for Filing (Check proper box)		Change in	Tra	wher of	U 23.	*	•				
New Well	-					7 J J m					
completion Oil X Dry Gas Caringhead Gas Condensate						Add Transporter					
Change in Operator L.	Catingher	IO UNI	CXIOCI	194KC []							
f change of operator give name and address of previous operator											
•		102			. 10						
UL DESCRIPTION OF WELL	a Formation		Kind	of Leue	Le	are Na.					
Lease Name	Well No. Pool Name, Includin						State, Federal or Fee 14-20-60		-		
Horseshoe Gallup Unit	eshoe Gallup Unit 98 Horsesh				Gallup			 	114-50-	003-203	
Location						. 1000	`		Wos+	• •	
Unit Letter K	_:198	80	_ Feet F	rom The SQ	nthLin	e and1980	Fe	et From The _	WESL	Line	
				- ~-		120	San Jua	ın		Country	
Section 24 Townshi	p 31N		Range	17W	,N	MPM,				County	
					041 745						
III. DESIGNATION OF TRAD	ISPORTE	ER OF O	IL VV	UTAN U	RAL GAS	u address to	hich anerow	come of this fo	m is to be see	nd)	
Name of Authorized Transporter of Oil X or Condensate					Notices (Other days as to which office and other days as to which office and other days as to which office and other days are the same of						
Meridian Oil Company					P.O. Box 4289, Farming Address (Give address to which approved			Learn of this for	con, NM 8/4UI		
Name of Authorized Transporter of Casin	ghead Gas		or Diy	Gat [Address (Gir	w aaaress to w	шен аруко <i>же</i>	i copy of inter Jo	ing west	-,	
			-1:		ļ 	lu ====== #4	When	. 7			
If well produces oil or liquids,	Unit	Sec.	Twp	-		ly connected?	i wnei	1 1			
give location of tanks.	J	19	<u> 31N</u>	16W	NO	<u></u>	l	. 			
If this production is commingled with that	from any of	her lease of	r pool, g i	ve comming!	ing order num	ber:					
IV. COMPLETION DATA	-								<u> </u>	large a -	
		Oil We	11	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Dill Res'v	
Designate Type of Completion	- (X)	i	ĺ		<u> </u>	1	J	J	L	.l	
Date Spudded		npl. Ready	lo Prod.		Total Depth			P.B.T.D.			
, Dat Symme		-									
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil Gat Pay			Tubing Dept	h		
ELECTROCKS (D.F.) LOCKS (CO.F.)											
Perforations	_L							Depth Casin	g Shoe		
		TIIRING	CAS	NG AND	CEMEN'I	ING RECO	RD				
					1	DEPTH SET			SACKS CEM	ENT	
HOLE SIZE	-\ -	CASING & TUDING SIZE									
V. TEST DATA AND REQUE	ST FOR	ALLOW	ABLE	<u></u>	_l						
	racours of	total volum	e of loan	oil and mus	be equal to o	r exceed top al	ionable for 1	is depth or be	for full 24 hou	aid E	
OIL WELL (Test must be after Date First New Oil Run To Tank	Date of 7		/		Producing N	Aethod (Flow, p	ownp, gas lij.	(Page 1)	E	1,7	
Date First New Oil Kun to lank	Date of	· CM					į.	¥2, ₹	1		
	-				Casing Prea	sure	-	Choke Size	0.4000	- 57	
Length of Test	Inping 1	Tubing Pressure							FEB 2 0 1392		
	- ==== =					Water - Bbla.			Gu- MCF		
Actual Prod. During Test	Oil - Bbi	Oil - Bbls.				Tract - Dork			OIL CON. DIV.		
									IST. 3	-	
GAS WELL								_	• • •		
Actual Prod. Test - MCF/D	Length o	Length of Test			Iblic Conde	en pare/MMCF		Gravity of C	AND COLUMN		
1								Choke Size			
Testing Method (pilot, back pr.)	Tubing I	Tubing Pressure (Shut-in)				Casing Pressure (Slux-in)					
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					<u></u>						
AT ODED ATOD CEDTIES	CATE	F COM	IPI IA	NCE	11		NOEDI	ATION	רוו זו טיי	NI.	
VI. OPERATOR CERTIFICATE OF COMPLIANCE					11	OIL CONSERVATION DIVISION					
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above					FEB 2 0 1992						
is true and complete to the best of my knowledge and belief.					Dat	Date Approved					
	/	~_	-		Dat				1 ,		
Wallen 1 -1	Manna	10/-					7	1). d	ham!		
Devois J.	YWY!	u ,			By.	<u></u>					
Signatur Deborah L. Greenich	Prod	uction	Assi	stant			SUPER	RVISOR DI	STRICT	#3	
Printed Name	1100		Title		Title	е					
2-13-92	918-	664-21				-		, , , , , , , ,			
Date			elephone	No.	11						
P						Shirt to the sale of a		والمتنافع والمتناف			

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.