Submit 3 Capies
Appropriate District Office
DISTRICT J
P.O. Don 1980, Ilkabe, HM 88240

Energy, Minerals and Natural Resources Department

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

OIL CONSERVATION DIVISION

P.O. Dox 2088

Santa Fe, New Mexico 87504-2088

DISTRICEJI P.O. Drawer DD, Artesia, NM 88210 DISTRICE III 1000 Rio Binzon Rd., Artec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION

	TOTRA	INSPORT OIL	AND NATURAL G		API No.			
Specialist		3004510655						
Vantage Point Ope		300432333						
Addien 5801 E. 41st, sui	Lo lont Tide	ia. Oklahoma	74135	·				
tesson(1) for Filing (Check proper box)			Orlect (Lleans ext.	lain)				
lew Well		Transporter of:						
eoinpletion	Oil Casinghead Gas	Dry Gas Li	Add Transpor	rter				
Diange in Operator	Casinghead Cas [J CAROCERIA []						
change of operator give name ad address or previous operator								
I. DESCRIPTION OF WELL	AND LEASE	-1	Position	Kin	d of Leave		e Na	
ease Name				State, Fe		edical or Fee 14-20-603-2022		
Horseshoe Gallup Unit]						
A. A. A. A.	660 669	Feet From The N	orth Line and	40 //7	Feet From The	Last	Line	
Unit LetterA			, MIMM,	San J			County	
Section 24 Townshi	<u>ip31N</u>	Range 17W	TONI M.					
II. DESIGNATION OF TRAD	JSPORTER OF (DIL AND NATU	RAL GAS	 -	7 1bis (or	mi to be see		
Hame of Authorized Transporter of Oil	[X] or Cond	entale []	Address (Give address to P.O. Box 428	<i>which of¶∢o</i> G Farm	wa copy g mujon ington. NM	87401	· •	
Meridian Oil Company		or Diy Gas	Adlett (Give odd ett 10	which alter	and copy of this for	m is to be see	น)	
Name of Authorized Transporter of Casis	ighead Gas							
If well produces oil or liquids,	Unit Sec.	Twp. Rge.	la gas actually connected	, W	lien I			
rive location of lanks.	24	31N 17W	NO NO					
If this production is commingled with tha	t from any other lease	or pool, give comming!	ing ofver billimet:				_,	
IV. COMPLETION DATA	Oil W	ell Gas Well	New Well Workover	Deepe	n Plug Back	Same Res'v	Piff Res'v	
Designate Type of Completion	ı - (X)	<u> </u>	1	1			_J	
Due Spuklod	Date Compt. Ready	to Prod	Total Depth		1.0.1.0.			
	To have been	Name of Producing Formation			Tubing Depth			
Elevations (DF, RKB, RT, GR, etc.) Hame of Producing For		1 OHIMAGA				Dejah Casing Shoe		
Perforations					Depth Caring	2 20 KG		
,			GENTLAND DEC	ORD				
	TUBIN	CEMENTING REC	EMENTING RECORD DEPTH SET		SACKS CEMENT			
HOLE SIZE	CASING &	TUBING SIZE						
	567 FOR 1177	WAIU E	.]					
V. TEST DATA AND REQU	EST FOR ALLO	one of load oil and mus	the equal to or exceed top	allonable f	or this depth or be)	for full 24 hos	(Ø) .)	
OIL WELL (Test must be after Date First New Oil Run To Tank	Date of Test		Producing Method (Flor	v, piwyr, Las	iyi, eic.j			
LAIG THE INCH ON NOW 15 1-1-1		Tubing Piessure			Mar Suc	BANKER E MARTIN		
Length of Ten	Tubing Pressure			Casing Pressure				
			Water - Bbla		MAY 2 0 1991			
Actual Prod. Druing Test	011 - 2011.						·>1\ #	
CACAVELL		_		۲	OIL (CON.	NIA.	
GAS WELL [Actual Fred Fred - NICF/D]	Length of Test		lible. Condensate/Mild	-1	3.3.1.7.3.	DIST. 3	,	
	Tubing l'resoure	(Sliut-in)	Citing Fictaire (Sline)	n)	Choke Size		4 b 4	
lesting Method (pitot, back pr.)	Inoma tieseme	·						
VI. OPERATOR CERTIF	L TCATE OF CO	MPLIANCE		ONSE	RVATION	DIVISI	ON	
	and allower for the Chi C	(4)869.44.40.0		UNUL				
Thereby certify that the rules and regularization formation given above Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.			Date Appr	MAY 2 0 1991 Date Approved				
is true and complete to the best of	my knowkoge kie zet	- 7	Date Appr			1	•	
Waharah = De some I			Ву	BySUPERVISOR DISTRICT 13				
Signaturo	n 1	action Acct		St	PERVISOR	DISTRIC	r ∤ 3	
Deborah L. Greeni	ch Prodi	iction Asst. Tille	Title					
Printed Name 5-10-91	918-6	564-2100						
5-10-91 Date		Telephone No.		appearance of the execution	Control of the Contro			

- 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
- 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.