Submit 5 Conies
Appropriate District Office
DISTRICT J
P.O. Box 1980, Hobbs, NM 88240 DISTRICT II P.O. Drawer DD, Arlesia, NM 88210

Energy, Minerals and Natural Resources Department

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

OIL CONSERVATION DIVISION

P.O. Box 2088

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

Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION

	,,,,,	TOTRA	NSP(ORT OIL	AND NAT	URAL GA	AS_		KFX1			
perator	Well AF				30045 13179							
Vantage Point Op	erating	Compan	ıy									
5801 E. 41st, su		l, Tuls	a, 01	klahoma	74135	t (Please expl	ais)	 .				
Reason(s) for Filing (Check proper box)		Change in	Transno	rter of:								
New Well	Oil		Dry Ga		1	Va /	P_{e}	i.	oi	1 Wel		
Recompletion	Oil Dry Gas Non-Produci											
change of operator give name ADC	0 0il ar	nd Gas	Compa	anv. P.	O. Box 1	610, Mid	llanc	l , Τε	xas 797	702		
a D	ivision	of Atl	antio	Richf	ield Com	ipaný						
L DESCRIPTION OF WELL	ng Formation Kind of				_							
Lease Name Horseshoe Gallup Uni						State, F				14-20	-604-1950	
Location		1	1			10	<i>a</i> •			r +		
Unit Letter	_ :	80	_ Fed Fr	rom The N	orth Line	and	<u>80</u>	F∞	et From The .	Easj	Line	
Section 35 Towns	31-	N.J	Dance	16-W) N	ΛPM.	San	Juai	n		County	
Section Town	thip J	10	Kange		, , , , , ,							
II. DESIGNATION OF TRA	NSPORTI	ER OF O	IL AN	D NATU	RAL GAS		17.1		of this f	is to be s	()	
Name of Authorized Transporter of Oil		or Coade	nsale		Address (Giv	e address to w	инск ар	provea	copy of this j	OFM E IO DE SI	inu)	
1. I. T	inches Gee		or Dry	Gas	Address (Giv	e address to w	hich ap	proved	copy of this f	orm is to be se	ent)	
Name of Authorized Transporter of Car	angireat Cas											
If well produces oil or liquids,	Unit	Sec.	Twp	Rge.	ls gas actuall	y connected?	ļ	When	7			
rive location of tanks.		<u> </u>	1		ing order sum							
f this production is commingled with the	at from any o	ther lease of	r pool, ga	As conminue	ing ofter built							
V. COMPLETION DATA		Oil We	u l	Gas Well	New Well	Workover	De	epen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion	on - (X)	_i	i_		1	L			DDTD	J		
Date Spudded	Date Cor	Date Compl. Ready to Prod.				Total Depth				P.B.T.D.		
and and are on	Nome of	Producine l	Formation		Top Oil/Gas Pay				Tubing Depth			
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation												
Perforations					<u> </u>				Depth Casi	ng Shoe		
					CORN (TEXTE	NC RECOI	<u> </u>		<u> </u>			
		TUBING, CASING AND				DEPTH SET				SACKS CEMENT		
HOLE SIZE	_ C	CASING & TUBING SIZE										
			VADIT		<u> </u>				ــــــــــــــــــــــــــــــــــــــ			
V. TEST DATA AND REQU OIL WELL (Test must be aft	EST FOR	ALLUY	ABLE	s Loil and mus	t be equal to o	r exceed lop a	llowable	e for the	is depth or be	for full 24 ho	ws.)	
OIL WELL (Test must be aft Date First New Oil Run To Tank	Date of		2 0) 1000		Producing N	sethod (Flow,)	pump, g	as lift,	elc.)			
DEFINE NEW ON NOR TO THE									Choke	201	IVE	
Length of Test	Tubing	Tubing Pressure				Casing Pressure				E G	AF	
	O'I Th	Oil - Bbls.				Water - Bbis.					• • • • •	
Actual Prod. During Test	Oil - Bo									MAR 0 4 1991		
CACHELL										W CO	N DIV	
GAS WELL Actual Prod. Test - MCF/D	Length	of Test			Bbis. Conde	nsale/MMCF			Gravity of		J. 3	
		Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)					7. 0	
Testing Method (pitot, back pr.)	Tubing											
)E COI	CDI I A	NCE	1							
VI. OPERATOR CERTIFIED I hereby certify that the rules and it	-ICATE C	JP CUIV the Oil Con	TLTTV Pervarior	INCE		OIL CO	NS	ERV	ATION	DIVISI	ON	
Division have been complied with	and that the it		DAGE TOO	ve			_		0 5 400	11		
is true and complete to the best of	my knowledg	e and belief	•		Dat	e Approv	/ed _	FEE	3 2 7 19:	<u> </u>		
Alabarah I M	1000-	. V_							/\	1		
Musolan J. Shurick						By Charles						
Schorah L. Greenich Production ASSI.						Title SUPERVISOR DISTRICT #3						
Printed Name (- (9-9)	9	18-66	4-3	100	Title	8	SUFE	.11410	, 5, 1 5, 5			
Date			elephone	No.								

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. with Rule 111.
- 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.

PERFORMANCE DIV.