

OIL CONSERVATION DIVISION

P.O. Box 2088
 Santa Fe, New Mexico 87504-2088

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

DISTRICT III
 1300 Rio Brazos Rd., Aztec, NM 87410

**REQUEST FOR ALLOWABLE AND AUTHORIZATION
 TO TRANSPORT OIL AND NATURAL GAS**

I. Operator Baxter, Kelly H. Well API No. 30-025-22373

Address P. O. Box 11193, Midland, TX 79702

Reason(s) for Filing (Check proper box) Other (Please explain)
 New Well Change in Transporter of: Operator Change effective 12/1/92
 Recompletion Oil Dry Gas Well T/A; completed as SWD, not used
 Change in Operator Casinghead Gas Condensate

If change of operator give name and address of previous operator Argee Oil Company, 401 W. Texas, Suite 800, Midland, TX 79702

II. DESCRIPTION OF WELL AND LEASE

Lease Name E. C. Hill "A" Well No. 1 Pool Name, including Formation SWD-San Andres Kind of Lease State Lease No.
 Location Unit Letter O 990 Feet From The South Line and 2310 Feet From The East Line
 Section 27 Township 23S Range 37E NMPM, Lea County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be sent)

Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent)

If well produces oil or liquids, give location of tanks. 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

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res v	Drift Res v
Date Spudded <u>12/18/69</u>	Date Compl. Ready to Prod.	Total Depth <u>6000</u>	P.B.T. <u>5630</u>					
Elevations (DF, RKB, RT, GR, etc.) <u>3280</u>	Name of Producing Formation <u>Blinbery</u>	Top Oil/Gas Pay	Tubing Depth					
Perforations	Depth Casing Shoe							

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<u>12 1/4</u>	<u>9 5/8</u>	<u>1056</u>	<u>450</u>
<u>8 7/8</u>	<u>7</u>	<u>6000</u>	<u>650</u>

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 100 allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tank Date of Test Producing Method (Flow pump, gas lift, etc.)
 Length of Test Tubing Pressure Casing Pressure Choke Size
 Actual Prod. During Test Oil - Bbls. Water - Bbls. Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D Length of Test Bbls. Condensate/MCF Gravity of Condensate
 Testing Method (plug back pr.) Tubing Pressure (Shut-in) Casing Pressure (Shut-in) Choke Size

VI. OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief

L. Johnston
 Signature L. Johnston Agent
 Printed Name 1/15/93 (915) 682-5492 Title
 Date Telephone No

OIL CONSERVATION DIVISION

Date Approved FEB 01 1993
 By ORIGINAL SIGNED BY DISTRICT SUPERVISOR
 Title

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.