

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES RECEIVED	
DISTRIBUTION	
DATE	
BY	
AND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
REGISTRATION OFFICE	

Carbon Energy, Inc.

Box 1737, Hobbs, NM 88240

Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	Effective 1-1-80
Recap/Completion <input type="checkbox"/>	
Change in Ownership <input checked="" type="checkbox"/>	
Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	

Change of ownership give name and address of previous owner: Formerly Southland Royalty, 1100 Wall Towers West, Midland, TX 79702

Well Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Aztec <sup>28</sup> State	3	Eumont	State, Federal or Fee State	L-20395

Location: Unit Letter: M : 660 Feet From The South Line and 920 Feet From The West Corner  
 Line of Section 28 Township 20S Range 36E NE40S Lea County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Authorize Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Texas-New Mexico Pipeline	Box 2528, Hobbs, New Mexico, 88240
Authorize Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)

Well produces oil or liquids, well location of tanks	Unit	Sec.	Twp.	Range	Is gas actually transported?	When
	M	28	20S	36E	UNK	

If production is commingled with that from any other lease or pool, give commingling order number.

WELL LOG DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Some other type of completion
Completion Date	Date Comp. Ready to Prod.		Total Depth		L.R.T.D.		
Completion (DF, RAB, ET, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Turning Depth		
Notes					Depth Casing Shoe		

TUBING, CASING, AND CEMENTING REC'D

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SALT CEMENT

TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load. All test must be equal to or exceed that allowable for this depth or be for 1.24 hours)

Depth of Test	Rate of Test	Producing method (Flow, Pump, Shut-in, etc.)	
Depth of Test	Testing Pressure	Casing Pressure	Choke Size
Test Prod. During Test	Oil-Index	Water-Index	Gas-MCF

AS WELL

Actual Prod. Test-MCF/D	Length of Test	Oil, Condensate/MCF	Gravity of Condensate
Testing Method (pilot, back pt.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

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 herein is true and complete to the best of my knowledge and belief.

*Charles W. Sexton*  
(Signature)  
President  
(Title)  
1-15-80  
(Date)

OIL CONSERVATION DIVISION  
APPROVED \_\_\_\_\_, 1980  
BY: Henry Sexton  
Dist 1, Supv.  
TITLE \_\_\_\_\_

This form is to be filed in compliance with RULE 3-103.  
 If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviated tests taken on this well in accordance with RULE 3-111.  
 All sections of this form must be filled out completely for filing on new and recompleted wells.  
 File carefully Sections I, II, III, and VI for changes of well will name, casing or transporter or other such change of content. Separate Allowable Cases must be filed for each pool in multi-