

OIL CONSERVATION DIVISION  
P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Well No.	
Pool Name	
Kind of Lease	
State, Federal or Foreign	
County	
Section	
Township	
Range	
Lease No.	

Carbon Energy, Incorporated

P. O. Box 129 Hobbs, New Mexico 88240

Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	Change of Lease Name
Recompletion <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	
Change in Transporter of: Oil <input type="checkbox"/> Coalbed Gas <input type="checkbox"/>	Dry Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE

30-025-26734

Well Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Aztec 27 State	1	Undesignated	State, Federal or Foreign	State
Location	<i>Lease Monument</i>			
Unit Letter	Year	Fect From The	Line and	Fect From The
K	1980	South	1980	West
Line of Section	Township	Range	NMPM,	County
27	20	36	Lea	

SIGNATURE OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized 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)					
Basin, Incorporated	P. O. Box 2297 Mildnad, Texas 79702					
Name of Authorized Transporter of Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	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
	K	27	20	36	No	

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

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'tv.	Diff. Res'tv.
<input checked="" type="checkbox"/>								
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
Previous (H.P., R.R.B., R.I., G.R., etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
Well Problems	Depth Casing Shoe							

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

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

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (piston, back pr.)	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 above is true and complete to the best of my knowledge and belief.

*Phacelia Y. Merchant*  
(Signature)

(Title)

(Date)

OIL CONSERVATION DIVISION

JUL 11 1980

APPROVED \_\_\_\_\_, 19 \_\_\_\_\_

BY *Jerry Brown*  
Date Signed *July 11 1980*

TITLE \_\_\_\_\_

This form is to be filed in compliance with RULE 1104.  
If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.  
All sections of this form must be filled out completely for allowable on new and recompleted wells.  
Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transportation or other such change of condition.  
Separate Forms C-104 must be filed for each pool in multiply completed wells.