

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

OIL CONSERVATION DIVISION

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator Zia Energy, Inc.		Well API No. 30-025-10321
Address P.O. Box 2219, Hobbs, NM 88241		
Reason(s) for Filing (Check proper box) <input checked="" type="checkbox"/> Other (Please explain) New Well <input type="checkbox"/> Change in Transporter of: <input type="checkbox"/> Deepen to a different formation. Recompletion <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Change in Operator <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>		
If change of operator give name and address of previous operator _____		

II. DESCRIPTION OF WELL AND LEASE

Lease Name Colo State	Well No. 1	Pool Name, Including Formation San Southwest Tunic Andres	Kind of Lease XXXXXX	Lease No. B-3480
Location Unit Letter A : 660 Feet From The North Line and 660 Feet From The East Line Section 16 Township 22 South Range 37 East , NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Shell Pipe Line Company	Address (Give address to which approved copy of this form is to be sent) P.O. Box 2648, Houston, TX 77001					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Warren Petroleum Company	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1589, Tulsa, OK 74101					
If well produces oil or liquids, give location of tanks.	Unit F	Sec. 16	Twp. 22S	Rge. 37E	Is gas actually connected? Yes	When? Not available

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 <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input checked="" type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v <input type="checkbox"/>	Diff Res'v <input checked="" type="checkbox"/>
Date Spudded 11/11/93	Date Compl. Ready to Prod. 11/27/93		Total Depth 3984'		P.B.T.D. 3974'			
Elevations (DF, RKB, RT, GR, etc.) 3405' GR	Name of Producing Formation San Andres		Top Oil/Gas Pay 3778'		Tubing Depth 3940'			
Perforations					Depth Casing Shoe			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
6 1/8"	5" - 13# liner		3984' - 3499'		75 s x s			
	2 3/8" tbg.		3940'					

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 top allowable for this depth or be for full 24 hours.)

Date First New Oil Run To Tank 11/27/93	Date of Test 12/26/93	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hrs.	Tubing Pressure -	Casing Pressure -	Choke Size -
Actual Prod. During Test 105	Oil - Bbls. 10	Water - Bbls. 95	Gas- MCF 115

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, 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.

Signature **Farris Nelson**
Printed Name **Farris Nelson - Engineer**
Date **1/18/94** Title **505/393-2937**
Telephone No.

OIL CONSERVATION DIVISION

Date Approved **JAN 25 1994**
By **ORIGINAL SIGNED BY JERRY SEXTON**
District I 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.

SAD