

FLUID WASTE, INC. MAR 13 AM 8 57  
300 Crescent Ct. #1106  
Dallas, Texas 75201

March 7, 1990

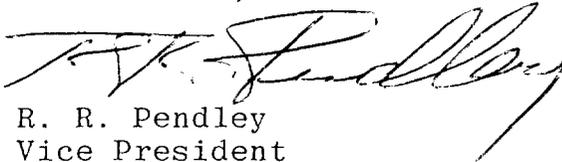
State of New Mexico  
Oil Conservation Division  
P. O. Box 2088  
State Land Office Bldg.  
Santa Fe, NM 87501

Gentlemen:

Enclosed is one copy of the required annual temperature survey for 1990 on the Dorstate #1 SWDW, Eddy County, New Mexico.

Sincerely,

FLUID WASTE, INC.



R. R. Pendley  
Vice President

RRP:wh  
Encl.

# CARDINAL SURVEYS CO.



## TEMP-TROL

FILE NO. 9982	COMPANY <u>FLUID WASTE, INC.</u>						
	WELL <u>DOR STATE NO. 1 SWDW</u>						
	FIELD <u>N/A</u>						
	COUNTY <u>EDDY</u>			STATE <u>NEW MEXICO</u>			
	LOCATION: <u>1980' FNL &amp; 660' FEL</u>					Other Services	
	SEC <u>27</u>	TWP <u>25-S</u>	RGE <u>28-E</u>				
Permanent Datum <u>G.L.</u>			Elev. <u>N/A</u>		KB <u>N/A</u>		Elevations:
Log Measured from <u>K.B. 12</u>			Ft. Above Permanent Datum		DF <u>N/A</u>		
Drilling Measured from <u>K.B.</u>					GL <u>N/A</u>		
Date	<u>2-2-90</u>						
Run No.	<u>ONE</u>						
Type Log	<u>TEMPERATURE</u>						
Depth-Driller	<u>8000'</u>						
Depth-Logger	<u>7614'</u>						
Bottom Logged Interval	<u>7614'</u>						
Top Logged Interval	<u>5800'</u>						
Type Fluid in Hole	<u>WATER</u>						
Salinity Ppm Cl.							
Density Lb./Gal.							
Level	<u>FULL</u>						
Max. Rec. Temp. Deg. F							
Opr. Rig Time							
Recorded By	<u>GRAY</u>						
Witnessed By	<u>CARTER HUGHES</u>						
Run No.	Bore Hole Record			Casing Record			
	Bit	From	To	Size	Wgt.	From	To
				<u>4 1/2"</u>	<u>11.6#</u>	<u>SURFACE</u>	<u>T.D.</u>
						<u>TUBING</u>	
				<u>2 7/8"</u>		<u>SURFACE</u>	<u>6350'</u>

P.O. Box 1980, Hobbs, NM 88240

OIL CONSERVATION DIVISION

OIL CONSERVATION DIVISION

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

RECEIVED

P.O. Box 2088

AUG 10 '90

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

AM 9 20

Santa Fe, New Mexico 87504-2088

O. C. D.  
DISTRICT OFFICE

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

Operator SHEA-MEG CORPORATION		Well API No.
Address 2833 PECOS HWY., CARLSBAD, NM 88220		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
New Well <input type="checkbox"/>	Change in Transporter of:	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>
Change in Operator <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>
If change of operator give name and address of previous operator FLUID WASTE, INC., 200 CRESCENT CT., SUITE 1610, DALLAS, TX 75201		

II. DESCRIPTION OF WELL AND LEASE

Lease Name DORSTATE SWD - 247	Well No. 1	Pool Name, Including Formation WILDCAT DELAWARE	Kind of Lease State, Federal or Fee	Lease No. L-5369
Location Unit Letter <u>h</u> : <u>1980</u> Feet From The <u>NORTH</u> Line and <u>660</u> Feet From The <u>EAST</u> Line Section <u>27</u> Township <u>25S</u> Range <u>28E</u> , <u>NMPM</u> , <u>EDDY</u> 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"/> NAVAJO REFINING, CO	Address (Give address to which approved copy of this form is to be sent) P.O. DRAWER 159, ARTESIA, NM 88210					
Name of Authorized 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)					
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	Diff Res'v
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
Perforations						Depth Casing Shoe		

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

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.)

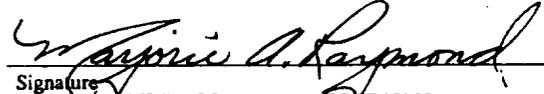
Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas- MCF

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, 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 MARJORIE A. RAYMOND  
 Printed Name  
 Date 4/1/90 Telephone No. (505) 236-6130

OIL CONSERVATION DIVISION

Date Approved Nov 4, 1991  
 By M. Williams  
 Title SUPERVISOR, DISTRICT II

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.