

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**

**I. OPERATOR**

Operator: Zia Enterprises Well API No.: 30-005-62815

Address: P.O. Box 1306 Artesia NM 88210

Reason(s) for Filing (Check proper box):  
 New Well  
 Recompletion  
 Change in Operator  
 Change in Transporter of:  
 Oil  Dry Gas   
 Casinghead Gas  Condensate

If change of operator give name and address of previous operator: \_\_\_\_\_

**II. DESCRIPTION OF WELL AND LEASE**

Lease Name: Ricky A. St. Well No.: 1 Kind of Lease: State Lease No.: V-3191

Location: Queen, Queen

Unit Letter: K : 2310 Feet From The S Line and 2310 Feet From The W Line

Section: 14 Township: 14-S Range: 29-E, NMPM, CHAVES County

**III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS**

Name of Authorized Transporter of Oil: NAVAJO Ref. or Condensate

Name of Authorized Transporter of Casinghead Gas: Vented or Dry Gas

If well produces oil or liquids, give location of tanks: Unit K Sec 14 Twp. 14-S Rge 29-E

Is gas actually connected? NO 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 <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v <input type="checkbox"/>	Diff Res'v <input type="checkbox"/>
Date Spudded: <u>1-8-91</u>	Date Compl. Ready to Prod: <u>3-15-91</u>	Total Depth: <u>1850</u>	P.B.T.D. <u>1850</u>					
Elevations (DF, RKB, RT, GR, etc.): <u>3750 GL</u>	Name of Producing Formation: <u>Queen</u>	Top Oil Gas Pay: <u>1805</u>	Tubing Depth: <u>1842</u>					
Perforations: <u>1805-1819</u>	Depth Casing Shoe: _____							

**TUBING, CASING AND CEMENTING RECORD**

HOLE SIZE: <u>12</u>	CASING & TUBING SIZE: <u>4 1/2"</u>	DEPTH SET: <u>1850</u>	SACKS CEMENT: <u>100</u>
		<u>1842</u>	<u>Comp + DIX</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 top allowable for this depth or be for full 24 hours.)

Date First New Oil Run To Tank: Apr 2, 1991 Date of Test: 4-2-91 Producing Method: Pump

Length of Test: 24 hrs. Tubing Pressure: 40# Casing Pressure: 50# Choke Size: \_\_\_\_\_

Actual Prod. During Test: 18 Oil - Bbls.: 14 Water - Bbls.: 4 Gas - MCF: 92

**GAS WELL**

Actual Prod. Test - MCF/D: \_\_\_\_\_ Length of Test: \_\_\_\_\_

Testing Method (pilot, back pr): \_\_\_\_\_ Tubing Pressure (Shut in): \_\_\_\_\_

Bbls. Condensate/MCF: \_\_\_\_\_ Gravity of Condensate: \_\_\_\_\_

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: [Signature]  
 Printed Name: FRED G. JONES Owner  
 Title: \_\_\_\_\_  
 Date: 505-746-6100

**OIL CONSERVATION DIVISION**

Date Approved: AUG 30 1991

By: MIKE WILLIAMS  
 Title: SUPERVISOR, DISTRICT II

**INSTRUCTIONS:** This form is to be filed in compliance with Rule 1104

- Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- All sections of this form must be filled out for allowable on new and recompleted wells.