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appropriate District Office
SISTRICT I
O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-104 Revised 1-1-89 See Instructions

)ISTRICT II '.O. Drawer DD, Artesia, NM 88210

OIL CONSERVATION DIVISION P.O. Box 2088

Santa Fe, New Mexico 87504-2088

econic III		Santa	re, New Mex	מרום מחוד	7-2000						
ISTRICT III 100 Rio Brazos Rd., Aziec, NM 87410	REQUE	ST FOR	ALLOWABI	_E AND A	UTHORIZ	S					
	TO TRANSPORT OIL AND NATURAL GAS					Well API No.					
Avon Energy Cor	p.										
PO Box 37, Loco	Hills	. NM	88255								
ason(s) for Filing (Check proper box)					r (Please explai						
ew Well	C	hange in Trai		Cha	inge in	operat	or name	1			
ecompletion	Oil	-	Gas 🗔	Eff	ective	March	21, 1))				
hange in Operator X	Casinghead	Gas Cor	ndensate	<u> </u>) O T = =	11:11	NTM S	38255			
change of operator give name SOCOT	ro Pet	roleum	1 Co., Po	O Box	88, Loce	O HIIIE	s, INM C				
	TRITTON OF WELL AND LEASE				Formation Kind of			Lease No.			
ease Name	Well No. Pool Maine, including Formaton					State, F	ederal or Fee	LC02	9395		
Turner "B"			ayburg_								
Ocation Unit LetterH	. 1980	Fe	et From The No	orth Line	and 660	Fee	t From The	ast	Line		
20	17S		nge 31E		ирм,	Eddy			County		
				DAL CAS				_			
I. DESIGNATION OF TRANS	SPORTER	OF OIL	AND NATU	Address (Giv	e address to wh	ich approved	copy of this form	n is to be sen	u)		
lame of Authorized Transporter of Oil		or Condensate	· 🗀	7,000,000 (0.11							
NONE WIW Name of Authorized Transporter of Casing	head Gas	or or	Dry Gas	Address (Giv	e address to wh	ich approved	copy of this for	n is to be ser	u)		
NONE				ļ.——		When	7				
well produces oil or liquids, ive location of tanks.	Unit	Sec. TV	vp. Rge.	is gas actuali	y connected?	When					
this production is commingled with that	from any other	r lease or poo	d, give comming	ing order num	ber:						
V. COMPLETION DATA	nom any care							Darles	Diff Res'v		
	~~	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back S	ame Kesv			
Designate Type of Completion		l. Ready to Pr	od.	Total Depth			P.B.T.D.				
•				Top Oil/Ges	Top Oil/Gas Pay			Tubing Depth			
Elevations (DF, RKB, RT, GR, etc.)	Name of Pr	oducing Form	PRIOR	Top on one 1 =1							
Perforations	<u></u>						Depth Casing	Suoc			
		TIRING C	ASING AND	CEMENT	NG RECOR	D					
1015075	TUBING, CASING AND CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT				
HOLE SIZE	UAS	SING & TOD	110 0.22					Post ID-3			
							6-12-9				
							C	ha O	<u> </u>		
							<u> </u>				
V. TEST DATA AND REQUE	ST FOR A	LLOWA	BLE			aumhla for thi	e denth or be fo	r full 24 hou	rs.)		
OIL WELL (Test must be after t	recovery of 10	cai volume of	load oil and mus	be equal to o	r exceed top au lethod (Flav. p	ump, eas lift, o	etc.)				
Date First New Oil Run To Tank	Date of Tes	#		Casing Pressure							
	Tubing Pre	ea.m					Choke Size				
Length of Test	Tubing Fie						Gas- MCF				
Actual Prod. During Test	Oil - Bbls.	· · · · · · · · · · · · · · · · · · ·		Water - Bbls.			Gas- 141C1				
GAS WELL								 _			
Actual Prod. Test - MCF/D	Length of	Test		Bbis. Condensate/MMCF			Gravity of Condensate				
Charles & Louis - Comp				(No. 10)			Choke Size				
Testing Method (pitot, back pr.)	Tubing Pro	ssure (Shut-ii	1)	Casing Pressure (Shut-in)							
TA OPER A MOD CERTIFIC	ATE OF	COMPI	JANCE	1	011 000	UOEDV	ATION	ZWIICI	אכ		
VI. OPERATOR CERTIFIC I hereby certify that the rules and regu	JAID UF	Oil Conserva	tion		OIL CO	NOFHA	WING A	BLAISIC	J1 3		
Division have been complied With 200	that the info	unation given	above			IJ	אן די או				
is true and complete to the best of my	knowledge a	nd belief.		Dat	e Approve	ed			<u>, .,</u>		
1/01/1	1				• •						
July 11/2	7			By.	ORIG	INAL SIGI	NED BY				
Signature Robert Setzlei	r	COI	nsultant		MIKE	WILLIAM	S		•		
MODELL DELANE			~		CHAC	01/1000	NICTOINT !	ıä			

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

Printed Name

Date

1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.

Title_:

SUPERVISOR, DISTRICT I

2) All sections of this form must be filled out for allowable on new and recompleted wells.

Title

<u>505/677-32</u>23 Telephone No.

- 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.