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Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico
1 gy, Minerals and Natural Resources Department

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O. C. D.
ARTESIA, OFFICE

OIL CONSERVATION DIVISION

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

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator		TO THAI	NSPUF	11 OIL	AND NATURAL GAS	T WALLAND	l No		
•		Well API No. 30015004140000			200				
Premier Production	210	30013004140000							
P.O. Box 1246, Arte	esia,	NM 88	210						
Reason(s) for Filing (Check proper box)		6	a.		Other (Please explain)				
lew Well Change in Transporter of: Completion									
Recompletion									
_	_				-				
f change of operator give name Hondo			Co.,	P.O.	Box 2208, Rosw	e11,	NM 8820	1	
II. DESCRIPTION OF WELL A	ND LE						·		
Lease Name Well No. Pool Name, Including					g Formation Kind of Parks of Property Kind of Property Ki		dead on Fee		
Fren Oil Co. Com		21	Cedar	Lake	Morrow, North	g ass 9 "	red February	LC-031844	
Unit Letter N : 560 Feet From The South Line and 3350 Feet From The East Line									
Section 19 Township	17S		Range	31E	C , NMPM, Eddy	·		County	
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS									
Name of Authorized Transporter of Oil or Condensate X Address (Give address to which approved copy of this form is to be sent)									
Koch Oil Company					P.O. Box 1558, Breckenridge, TX 76024				
					Address (Give address to which approved copy of this form is to be sent)			· · · · · · · · · · · · · · · · · · ·	
Conoco, Inc.					P.O. Box 2197,				
If well produces oil or liquids,	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When ?		/2th	
give location of tanks.	N	19	17S	31E	yes	12-	1-65 /	4-1-90	
If this production is commingled with that f	rom any ot	her lease or	pool, give	conuningli	ng order number:				
IV. COMPLETION DATA		_,	·····		,. 		·		
Designate Turn of Completion	(V)	Oil Well	Ga	s Well	New Well Workover	Deepen	Plug Back Sa	ame Res'v Diff Res'v	
Designate Type of Completion -					<u> </u>		,		
Date Spudded	Date Con	ipl. Ready to	Prod.		Total Depth		P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	etc.) Name of Producing Formation			Top Oil Gas Pay		Tubing Depth			
K	l								
Perforations							Depth Casing S	Shoe	
								`	
		TUBING,	CASIN	G AND	CEMENTING RECORD				
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET		SACKS CEMENT		
							Part I 1-3		
							4-10	9-91	
							che	**	
V. TEST DATA AND REQUES	TFOR	ALLOW	ABLE						
OIL WELL (Test must be after r	ecovery of	total volume	of load oil	l and musi	be equal to or exceed top allows	able for this	depth or be for	full 24 hours.)	
Date First New Oil Run To Tank	Date of T				Producing Method (How, pury				
						•			
Length of Test	Tubing Pressure				Casing Pressure		Choke Size		
								:	
Actual Prod. During Test	Oil - Bbl	s.			Water - Bbls.		Gas- MCF		
		•			Water Bota				
	_Ł						.1		
GAS WELL									
Actual Prod. Test - MCF/D	Length o	of Test			Bbls. Condensate/MMCF		Gravity of Co	ndensate	
	- ,,,, , ,		,,						
l'esting Method (pitot, back pr.)	Tubing 1	ressure (Shu	ut-ın)		Casing Pressure (Shut in)		Choke Size		
	-L						L		
VI. OPERATOR CERTIFIC		OIL COM	OIL CONCEDVATION DIVIDION						
I hereby certify that the rules and resultations of the Oil Conservation					OIL CONSERVATION DIVISION				
Division have been complied with and that the information given above					_				
is true and complete to the test of my knowledge and belief.					Date Approved APR 1 9 1991				
March X.					The state of the s				
1/1/11/1/1/1/1/					ll pu				
Signature D. Jones owner/operator					ORIGI	NAL SIC	ENED BY		
					ORIGINAL SIGNED BY MIKE WILLIAMS				
Printed Nume 4/8/91 (505) 748-2093				Title SUPERVISOR, DISTRICT II					
Date			tephone No						
	10 1 OH . 17 1				A Market Market Control of the Contr	the state of the			

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.