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Appropriate District Office
DISTRICT I
P.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
at Bottom of Page

RECEIVED

MAY 20 1991

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

O. C. D.
ARTESIA, OFFICE

Operator Avon Energy Corp. ✓		Well API No. 30-015-26596
Address P.O. Box 37, Loco Hills, NM 88255		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
New Well <input checked="" type="checkbox"/>	Change in Transporter of:	
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 Turner "B"	Well No. 92	Pool Name, Including Formation Grayburg Jackson	Kind of Lease State, Federal, and	Lease No. LC029395-8
Location Unit Letter N : 1305 Feet From The South Line and 1350 Feet From The West Line Section 20 Township 17S Range 31E, NMPM, Eddy 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"/> Texas-New Mexico Pipeline Co.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 2528, Hobbs, NM 88240			
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Continental Oil Company	Address (Give address to which approved copy of this form is to be sent) P.O. Box 460, Hobbs, NM 88240			
If well produces oil or liquids, give location of tanks.	Unit D	Sec. 29	Twp. 17S	Rge. 31E
Is gas actually connected? Yes		When? 1/19/91		
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	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 12/30/90	Date Compl. Ready to Prod. 1/19/91	Total Depth 3800'	P.B.T.D. 3788'					
Elevations (DF, RKB, RT, GR, etc.) 3643' GR	Name of Producing Formation Grayburg San Andres	Top Oil/Gas Pay 3065'	Tubing Depth 3525'					
Perforations 3530-3527 4 holes 3208-3065 21 holes	15/32" holes		Depth Casing Shoe 3800'					
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE 12-1/4"	CASING & TUBING SIZE 8-5/8"	DEPTH SET 589'	SACKS CEMENT 465 sx. CL "C"					
7-7/8"	5-1/2"	3800'	850 sx. LW 650 sx. CL "C"					
	2-7/8"	3525'	Post ID-2 6-21-91 Comp. & BK					

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 1/19/91	Date of Test 1/22/91	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hrs.	Tubing Pressure 400#	Casing Pressure 350#	Choke Size 15/64"
Actual Prod. During Test	Oil - Bbls. 165	Water - Bbls. 370	Gas - MCF 95

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MINCF	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
Robert Setzler
Printed Name
Robert Setzler
Date
5/6/91
Title
Consultant
Telephone No.
505/677-3223

OIL CONSERVATION DIVISION

Date Approved JUN 14 1991

By ORIGINAL SIGNED BY
MIKE 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.