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Appropriate District Office  
DISTRICT I  
P.O. Box 1980, Hobbs, NM 88240  
DISTRICT II  
P.O. Drawer DD, Artesia, NM 88210  
DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico  
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

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

RECEIVED

JUN 05 1991

Form C-104  
Revised 1-1-89  
See Instructions  
at Bottom of Page

O. C. D.  
ARTESIA, OFFICE

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

Operator Avon Energy Corp.		Well API No. 30-015- 26012
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. 95	Pool Name, Including Formation Grayburg Jackson	Kind of Lease Federal	Lease No. LC029395-B
Location Unit Letter L : 2510 Feet From The South Line and 1000 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? 2-19-91

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 <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 1-17-91	Date Compl. Ready to Prod. 2-19-91		Total Depth 3700'		P.B.T.D. 3505'			
Elevations (DF, RKB, RT, GR, etc.) 3638' GR	Name of Producing Formation Grayburg San Andres		Top Oil/Gas Pay 2815 3184'		Tubing Depth 3468'			
Perforations 3551-3533 8 holes 3456-3362 10 holes	3144-3184 6 holes 3107-2815 15 holes				Depth Casing Shoe 3702'			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE 12 1/4" 7 7/8"	CASING & TUBING SIZE 8 5/8" 5 1/2" 2 7/8"		DEPTH SET 603' 3702' 3468'		SACKS CEMENT 465 SK CL.C. 2400 SK LW + 650 SK CL.C. Post ID-2 8-2-91 comp & BR			

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 2-19-91	Date of Test 2-21-91	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hrs.	Tubing Pressure —	Casing Pressure 15#	Choke Size 15/64"
Actual Prod. During Test	Oil - Bbls. 113	Water - Bbls. 337	Gas - MCF 65

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/M/MCF	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  
Title  
Consultant  
Date  
5/6/91  
Telephone No.  
505/677-3223

OIL CONSERVATION DIVISION

Date Approved JUL 29 1991

By  
ORIGINAL SIGNED BY  
MIKE WILLIAMS  
SUPERVISOR, DISTRICT II  
Title

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.

Approved:  
PR 20 111  
J. J. L.  
J. J. L. 111

ORIGINAL SUBMITTED BY  
MIKE WILLIAMS  
SUPERVISOR, DISTRICT 11

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