

Submit 5 Copies
 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

JUN 05 1991

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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

O. C. D.
 ARTESIA, OFFICE

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
 TO TRANSPORT OIL AND NATURAL GAS

I.

Operator Avon Energy Corp.	Well API No. 30-015-26631
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. 94	Pool Name, Including Formation Grayburg Jackson	Kind of Lease State , Federal lease	Lease No. LC029395-B
Location Unit Letter <u>I</u> : <u>1350</u> Feet From The <u>South</u> Line and <u>1200</u> Feet From The <u>East</u> Line Section <u>20</u> Township <u>17S</u> Range <u>31E</u> , 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 0	Sec. 29	Twp. 17S	Rge. 31E
Is gas actually connected? Yes		When? 3-7-91		

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 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 2-12-91	Date Compl. Ready to Prod. 3-7-91	Total Depth 3870'		P.B.T.D. 3841'				
Elevations (DF, RKB, RT, GR, etc.) 3743' GR	Name of Producing Formation Grayburg San Andres		Top Oil/Gas Pay 2942'		Tubing Depth 3669'			
Perforations 3604-3607 5 holes 3256 1 hole	3233-3116 11 holes 3044-3041 5 holes		3003-2942 7 holes		Depth Casing Shoe 3807'			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
14 3/4"	11 3/4"		362'		465 sx Cl. C			
11"	8 5/8"		1407'		400 sx LW + 200 sx Cl. C			
1 7/8"	5 1/2"		3807'		250 sx LW + 850 sx Cl. C			
	2 7/8"		3669'					

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 3-7-91	Date of Test 3-26-91	Producing Method (Flow, pump, gas lift, etc.) Pumping Post ID-2		
Length of Test 24 hrs.	Tubing Pressure —	Casing Pressure —	Choke Size 8-2-91	
Actual Prod. During Test	Oil - Bbls. 92	Water - Bbls. 245	Gas - MCF 50	

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/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.

Robert Setzler
 Signature
 Robert Setzler Consultant
 Printed Name Title
 5/6/91 Date 505/677-3223 Telephone No.

OIL CONSERVATION DIVISION

Date Approved JUL 29 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.
- 4) Separate Form C-104 must be filed for each pool in multi-pool wells.