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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

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

SEP 05 '90

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

ARTESIA OFFICE

Operator Bill H. Pearl Productions, Inc.	Well API No.
Address 11005 Timbergrove Corpus Christi, Texas 78410	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Operator <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
If change of operator give name and address of previous operator J. M. Huber Corporation 7120 I-40 Suite 232, Amarillo Tx 79101	

II. DESCRIPTION OF WELL AND LEASE

Lease Name Allied States Com	Well No. 1	Pool Name, Including Formation Burton Flat Atoka	Kind of Lease State, Federal or Fee	Lease No. L-1899, K-363
Location Unit Letter C : 660 Feet From The N Line and 1980 Feet From The W Line Section 14 Township 21 S Range 27 E , NMPM, Eddy County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
Transwester Pipeline	P. O. Box 1188 Houston, Tx 77251	
If well produces oil or liquids, give location of tanks.	Unit C	Sec. 14
	Twp. 21 S	Rge. 27 E
	Is gas actually connected? yes	
	When? 7-22-75 11-7-88 record	

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
		X				X		
Date Spudded 5-5-74	Date Compl. Ready to Prod. 11-7-88		Total Depth 11,735		P.B.T.D. 10,900			
Elevations (DF, RKB, RT, GR, etc.) 3235' GR	Name of Producing Formation Atoka		Top Oil/Gas Pay 10,792		Tubing Depth 10,679			
Perforations 10,792-804 w/4 JSRF					Depth Casing Shoe 11,735			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17 1/2"	13 3/8"		606		700sx			
12 1/4"	9 5/8"		3000		1500sx			
8 3/4"	4 1/2"		11735		700sx			
	2 3/8"		10679					

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.)

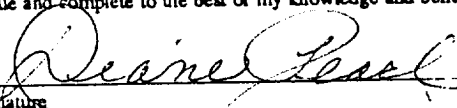
Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
		Prod ID-3	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
			9-14-90
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF
			chg ap

GAS WELL

Actual Prod. Test - MCF/D 58	Length of Test 24	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (prior, back pr.) back pressure	Tubing Pressure (Shut-in) 400	Casing Pressure (Shut-in)	Choke Size 14/64

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
Diane Pearl Vice Pres.
Printed Name
Date **8-27-90** Telephone No. **512 241-4033**

OIL CONSERVATION DIVISION

Date Approved **SEP 11 1990**

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 multiply completed wells.