

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

I.

| | |
|--|---|
| Operator FLOYD OIL COMPANY | Well API No. |
| Address 711 LOUISIANA, STE 1740, HOUSTON, TX 77002 | |
| 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 CHEVRON U.S.A. INC., P.O. BOX 599, DENVER CO 80201 | |

II. DESCRIPTION OF WELL AND LEASE

| | | | | |
|-------------------------------------|-----------------------|---|--|--------------------------------|
| Lease Name APACHE FEDERAL | Well No. 15 | Pool Name, Including Formation BALLARD PICTURE CLIFFS | Kind of Lease State, Federal or Fee | Lease No. TRIBAL #69 |
| Location | | | | |
| Unit Letter D | 990 | Feet From The NORTH | Line and 990 | Feet From The WEST |
| Section 7 | Township 24N | Range 5W | NMPM, RIO ARRIBA County | |

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

| | | |
|--|---|----------------------|
| Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> PERMIAN CORP. | Address (Give address to which approved copy of this form is to be sent) P.O. BOX 1702 Farmington, NM 87499 | |
| Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> EL PASO NATURAL GAS CO. | Address (Give address to which approved copy of this form is to be sent) P.O. BOX 1492 EL PASO, TX 79978 | |
| If well produces oil or liquids, give location of tanks. | Unit D | Sec. 7 |
| | Twp. 24N | Rge. 5W |
| | Is gas actually connected? YES | When? UNKNOWN |

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 |
| Date Spudded | Date Compl. Ready to Prod. | | Total Depth | | P.B.T.D. | | | |
| Elevations (DF, RKB, RT, GR, etc.) | Name of Producing Formation | | Top Oil/Gas Pay | | Tubing Depth | | | |
| Perforations | | | | | Depth Casing Shoe | | | |
| TUBING, CASING AND CEMENTING RECORD | | | | | | | | |
| HOLE SIZE | CASING & TUBING SIZE | | DEPTH SET | | SACKS CEMENT | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

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.) | |
| Length of Test | Tubing Pressure | Casing Pressure | Choke Size |
| Actual Prod. During Test | Oil - Bbls. | Water - Bbls. | |

RECEIVED
FEB 26 1990

GAS WELL

| | | | |
|----------------------------------|---------------------------|---------------------------|------------|
| Actual Prod. Test - MCF/D | Length of Test | Bbls. Condensate/MMCF | Choke Size |
| Testing Method (pilot, back pr.) | Tubing Pressure (Shut-in) | Casing Pressure (Shut-in) | |

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 **John N Black**
Printed Name **JOHN N BLACK** Title **EXE V.P.**
Date **2-22-90** Telephone No. **713-222-6275**

OIL CONSERVATION DIVISION

Date Approved **FEB 26 1990**

By **Barry Sherry**
Title **SUPERVISOR DISTRICT 13**

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.