DISTRICT J P.O. Box 1980, Hobbs, NM \$8240

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., Aziec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

La company and a first of the second

Andrew Control				<u> </u>			Well A	PI No.			
Operator Vantage Point Oper	rating Company							3004510278			
Address											
5801 E. 41st, suite 1001, Tulsa, Oklahoma 74135  Percentage (Check proper box)  Other (Please explain)											
Kenneth) for 1 mmg (contex proper son)											
New Well Change in Transporter of:  Recognition Dil Dry Gas D Now - Production Oil Well											
New Well  Change in Transporter of:  Recompletion  Oil  Dry Gas  Change in Operator  Casinghead Gas  Condensate											
If change of ocerator give name ABCO 041 and Care Company Box Box Box Box 79702											
a Division of Atlantic Richfield Company											
IL DESCRIPTION OF WELL	Well No. Pool Name, Includin				- Econotics Kind			Lease Lease No.			
Lease Name Horseshoe Gallup Unit					Su			Federal or Fee 14-20-604-1951			
Location											
Unit Letter M: 330 Feet From The South Line and 4430 Feet From The East Line											
Section 28 Township 31-N Range 16-W, NMPM, San Juan County											
III. DESIGNATION OF TRANSPORTER OF OIL AND NATUR						Address (Give address to which approved copy of this form is to be sent)					
										-1	
ame of Authorized Transporter of Casinghead Gas or Dry Gas					Address (Give address to which approved copy of this form is to be sent)						
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge.			Is gas actually connected? When			1				
If this production is commingled with that	from any ot	her lease or	pool, giv	e comming	ing order numb	er:			<del></del>		
IV. COMPLETION DATA		Oil Well		Gas Well	New Well	Workover	Doepea	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion	- (X)	Ou well	' ¦`	Jas Well	1	1		1			
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					1			Depth Casing	Shoe		
								<u> </u>			
	TUBING, CASING AND								SACKS CEMENT		
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT			
	<del> </del>	<u> </u>			<del> </del>			<del>                                     </del>			
	<del> </del>			<del></del>	<del> </del>						
	<del> </del>				<del> </del>						
V. TEST DATA AND REQUE	ST FOR	ALLOW	ABLE								
OIL WELL (Test must be after t	recovery of l	otal volume	of load	oil and mus	be equal to or	exceed top all	owable for the	s depth or be f	or full 24 hou	es.)	
Date First New Oil Run To Tank	Producing Me	ethod (Flow, p	ump, gas iyi,	uc.)	_						
Length of Test	Tubing Pressure				Casing Pressure			PECEIVE IN			
Actual Prod. During Test	Oil - Bbls.				Water - Bbls.			MAR 0 4 1991			
					<u> </u>		<del></del>			31	
GAS WELL  [Actual Prod. Test - MCF/D   Length of Test					Bbls. Condensate/MMCF			OIL CON. DIV.			
Actual Prod. Test - MCF/D	Length of	ien			Boile Control			,,,,,,,	DIST. 3		
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size			
VI. OPERATOR CERTIFIC	ATE O	F COM	PLIAI	NCE	1		JOEDY	ATION		<u></u>	
Division have been complied with and that the information given above					OIL CONSERVATION DIVISION FEB 2.7 1991						
is true and complete to the best of my knowledge and belief.						Approve	ed				
Debough L. Greenich					By_ Bin). Chang						
Printed Name  Printed Name  Title					SUPERVISOR DISTRICT #3 Title						
-  9-9  9 8-664-7100  Date Telephone No.											

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.

