Submit 3 Copies
Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM \$8240

DISTRICT

Energy, Minerals and Natural Resources Department

See Instructions
at Bottom of Page

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

P.O. Drawer DD, Artesia, NM 88210

Santa I'e, New Mexico 87304-2

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS I. Well APT No. 3004510305 Operator Vantage Point Operating Company Address 5801 E. 41st, suite 1001, Tulsa, Oklahoma Other (Please explain) Reason(s) for Filing (Check proper box) Injection Well Change in Transporter of: New Well Dry Gas Oil Recompletion Caxinghead Gas . Condensate \square Change in Operator If change of operator give name and address of previous operator ARCO Oil and Gas Company, P.O. Box 1610, Midland, Texas 79702 a Division of Atlantic Richfield Company
IL DESCRIPTION OF WELL AND LEASE Well No. Pool Name, Including Formation Kind of Lease Lease Name 14-20-604-1951 State, Federal or Fee Horseshoe Gallup Unit 162 Horseshoe Gallup Location 1650 Feet From The Line and Feet From The Line Unit Letter San Juan 31N NMPM County Section III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Casinghead Gas or Dry Gas ____ When? Sec. Twp Is gas actually connected? If well produces oil or liquids, Unit rive location of tanks. If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA New Well | Workover Deepen | Plug Back | Same Res'v Oil Well Gas Well Diff Res v Designate Type of Completion - (X) Total Depth P.B.T.D. Date Spudded Date Compl. Ready to Prod. Top Oil/Gas Pay **Tubing Depth** Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Depth Casing Shoe Perforations TUBING, CASING AND CEMENTING RECORD CASING & TUBING SIZE DEPTH SET SACKS CEMENT HOLE SIZE V. TEST DATA AND REQUEST FOR ALLOWABLE (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.) OIL WELL Producing Method (Flow, pump, gas lift, etc.) Date First New Oil Run To Tank Date of Test Casing Pressure Length of Test Tubing Pressure Water - Bbls. Actual Prod. During Test Oil - Bbls. MAR **0 4** 1991 **GAS WELL** GOIL CON. DIV. Bbls Condennie/MMCF Length of Test Actual Prod. Test - MCF/D Choke Size Casing Pressure (Shut-in) Tubing Pressure (Shut-in) Testing Method (pitot, back pr.) VI. OPERATOR CERTIFICATE OF COMPLIANCE OIL CONSERVATION DIVISION I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above FEB 27 1991 Date Approved is true and complete to the best of my knowledge and belief. Bir) Oh SUPERVISOR DISTRICT #3 rinted Name 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.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.

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