Inhmit 5 Copies Appropriate District Office DISTRICTI P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

Revised 1-1-89 See Instructions	Form C	-10	n -		
See instructions	Revised	í.	1.8	y	
	See Inst	rue	rtiu	ns	

OIL CONSERVATION DIVISION

P.O. Box 2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION

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

DISTRICE II 2.O. Drawer DD, Artesia, NM 88210

Santa Fe, New Mexico 87504-2088

	TO	O TRAI	<u>NSPOR</u>	TOIL	AND NA	TURAL G				
Pentor Amax Oil & Gas Inc.							1	API No. 0451061100S1		
P.O. Box 42806, Houston, TX 77042										
cason(s) for Filing (Check proper box) ew Well ecompletion hange in Operator		hange in	Transporter Dry Gas Condensate	of:	Oth	cs (Please expi	lain)	·		
change of operator give name d address of previous operator Lad					0 17+b	C+ C+	170	n Denve	· CO 9	 80202-561
			corp.	, 37	0 1/011	36.,36	.e. 170	o, benve	1,00	30202-30
. DESCRIPTION OF WELL AND LEASE case Name Barker Dome Gas Comm. Well No. Pool Name, Includi Basin Da							of Lease Lease No. Federal or Fee NMO24907			
Unit Letter A : 1190 Feet From The					orth Lin	7 g	90 F	East Line		
Section 23 Township 31N Range 13W					, Ni	мрм,	San Jua	n County		
I. DESIGNATION OF TRA								· · · · · · · · · · · · · · · · · · ·		•
Cany Williams Engn	لــا	r Condens	ale X]	ł	e address 10 w + h C+	• •			
Gary Williams Ener Jame of Authorized Transporter of Casi	nghead Gas		or Dry Gas		Address (Giv	th St., • address 10 w	hich approved	copy of this fo	em is to be s	ent)
Southern Union Gat	hering,	Frente	Ezen E	سندر	P.O.Bo	x 26400),Aĺbuq	uerque, NM 87125		
f well produces oil or liquids, ve location of tanks.	•		1wp. 31N	Rge. 13W	is gas actuall	y connected? Yes	When	Septem	ber,	1965
this production is commingled with tha V. COMPLETION DATA	t from any other	icase or p	ool, give co	rnmingli	ing order num	ber:				
Designate Type of Completion		Oil Well	Gas V	Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spridded					Total Depth	<u>[</u>	1	P.B.T.D.		
vations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay			Tubing Depth		
efforations					······································	Depth Casing Slice				
	TU	BING, (CASING	AND	CEMENTI	NG RECOR	RD			
HOLE SIZE	CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT			
. TEST DATA AND REQUI	EST FOR AL	I OWA	RIF							
II. WELL (Test must be after				nd must	be equal to or	exceed top all	lowable for the	s depth or be f	or full 24 hos	urs.)
Oute First New Oil Run To Tank	Date of Test			Producing Mo	ethod (Flow, p	ump, gas lýi,	ilc.)	- AT -	7 4 5 7 7	
ength of Test	Tubing Pressu	ıre			Casing Press.	ile.		Cholde Size	*	and the second
ectual Prod. During Test	Oil - Bbls.			,	Water - Bbis.			GastAler	4UG1 2	1991
JAS WELL	_				L			CI	L COP	J. DIV.
Actual Prod. Test - MCF/D	Length of Test			Bbls. Condensate/MMCF			Gravity of Conde 1951. 3			
esting Method (pitot, back pr.)	Tubing Press	ure (Shut-i	in)		Casing Press	ire (Shut-in)		Choke Size		
I. OPERATOR CERTIFIC		-		3			UCEDV	ATION		
I hereby certify that the rules and regi- Division have been complied with an is true and complete to the best of my	d that the informa	ation gives				OIL COI	NOEH V	_		אוכ
A A A A	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	. /	/ /		Date	Approve	ed	AUG 1 2	1991	
Signature Vasak	Signature Wast				By 3 0 d.					
Sherry Vasek // Printed Name 6/21/91	<u>Prod. Analyst</u> Tille (713)978-7700					Title SUPERVISOR DISTRICT #3				
Date			phone No.		11					

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