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 TRANSPORT OIL AND NATURAL GAS

		I U I I I AIN	ior C	JITI OIL	אוט וואוי	<u> </u>	Well A				
O penior Vantage Point Ope	tage Point Operating Company						30045 10627				
Address											
5801 E. 41st, su:	ite 1001	, Tulsa	<u>, Ok</u>	lahoma	74135 Other	(Please expla	ún)				
Reason(s) for Filing (Check proper box) New Well		Change in Ti	naspo	nter of:					.1~'	1	
Recompletion	Oil		ory Gai	F-1	J	NJE	ECTI	ON 1	NELL		
Change in Operator	Casinghea	d Gas 🔲 C	Conden	nate 🗌	سك ·	100					
f change of operator give name ADCC	Oil an	d Gas C	ompa	iny, P.	0. Box 16	10 Mid	land, Te	xas 797	02		
a Di	vision	of Atla	ntic	Richf	ield Comp	any					
L DESCRIPTION OF WELL AND LEASE Well No. Pool Name, Included the Name Well No. Pool Name, Included the Name Name					ng Formation	Kind o	Kind of Lease		Lease No.		
Lease Name Horseshoe Gallup Unit					_	Sime, I	State, Federal or Fee 14-20-60		-603-202		
Location					•	_				,	
Unit Letter	_ :_ <u>19</u> 9	<u>78 </u>	Feet Fr	om The $igwedge$	orth Line	and	<u> </u>	t From The _	E9.5	Line	
Section 24 Townst	ip 31-	۸) .		17-V	√ ,nm	PM.	San Juan	ı		County	
Section 24 Towns	11 p	10 1	Cange	1 1	1144	1174					
III. DESIGNATION OF TRA	NSPORTE	R OF OIL	AN	D NATU	RAL GAS			-Cabin C	is as h a as		
Name of Authorized Transporter of Oil		or Condens	ite		Address (Give	address to wh	uch approved	copy of this Jo	YM 13 10 DE 36	AU)	
			or Dry	Cae [Address (Give	address to wh	lich approved	copy of this fo	rm is to be se	nt)	
Name of Authorized Transporter of Casi	ugikati UM	(L)		~~ <u></u>			<u> </u>				
If well produces oil or liquids,	Unit	Sec. 1	[wp	Rge.	is gas actually	connected?	When	7			
give location of tanks.	_ i i	L		1	<u></u>						
If this production is commingled with the	from any oth	er lease or po	ool, giv	e comming!	ing order number	ar					
IV. COMPLETION DATA		Oil Well	77	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion	1 - (X)	IOII MEII	1	, 17 CH			<u>i </u>	<u> </u>	İ	<u>İ</u>	
Date Spudded		Date Compl. Ready to Prod.				Total Depth					
•						Top Oil/Cas Pay			Tuking Douth		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				104 011 011 111			Tubing Depth			
Perforations		 				-		Depth Casin	g Shoe		
								<u> </u>			
		TUBING, CASING AND				IG RECOR	<u>D</u>	DAOYO OFFICE			
HOLE SIZE	SING & TU	BING !	SIZE	DEPTH SET			SACKS CEMENT				
		<u> </u>									
											
V. TEST DATA AND REQUI	EST FOR	ALLOWA	BLE				anakla fa- eki	e denek ar ka	for full 24 km	ore 1	
OIL WELL (Test must be after	recovery of t	otal volume o	f load	oil and musi	Producing Me	exceed top all thod (Flow. 11)	ump, sas lift.	is acom or or or or or or or or or or or or or	,		
Date First New Oil Run To Tank	Date of To	e s			1 towner & 141c	(* p.					
Length of Test	Tubing Pr	Tubing Pressure				Casing Pressure			FAE	1 W &	
									EGE	1 T	
Actual Prod. During Test	Oil - Bbis.				Water - Bbls.			L. A.A.	MADA	1004	
	l							J	MAR 04	1991	
GAS WELL		Tad			Bbls. Conden	ale/MMCF		Gravi	Feb.	, DIV	
Actual Frod. Test - MCF/D	Length of	Length of Test				Bolk Concentration			DIST. 3		
Tubing Pressure (Shut-in)					Casing Pressure (Shut-in)			Choke Size			
same transaction thanks among he d								<u> </u>			
VI. OPERATOR CERTIFI 1 hereby certify that the rules and re	CATE O	F COMP	LIAI	NCE		OIL COI	NSERV	ATION	DIVISIO	NC	
is true and complete to the best of the		علائع فاستنب	:B(DV	•	Date	Approve	ed FE	B 2 7 19	91		
Du Det	-/							A	_		
Neborah J. Hilluch					By 3.1) de						
Market L. Greenich	- troduc	tion A	95	<u> </u>	-,_				5 500~ 4	A	
Printed Name	01	8-664	Title	100	Title		SUPERVI	SOH DIS	FHICT F	<i>•</i>	
1-19-91	711	8 664.	phone	No.	1						
Date		144	r		- 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.

