Submit 5 Copies
Appropriate District Office
DISTRICT J
P.O. Box 1910, Hobbs, NM 18240 DISTRICT II P.O. Drawer DD, Artesia, NM 88210

## 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 000 Rio Diazoa Rd., Aziec, NM 87410	REQUEST FO	R ALLOWAB	LE A	ND AUTHORIZA						
	TO TRANSPORT OIL AND NATURAL GAS					Well API No.				
Operator Vantage Point Operating Company					300	3004542601				
A 4 1			741	35						
58()1 E. 41st, suit Resson(s) for Filing (Check proper box) New Well Recompletion	Change in 1	ransporter of:	ب	Other (Please explain) Add Transporte						
Change in Operator Library  Change of operator give name	Calling	<u> </u>								
and address of previous operator				. :•			<del></del>			
L DESCRIPTION OF WELL	tich the free transfer					Lesse detail or Fee				
Leue Nume Horseshoe Gallup Unit		Horseshoo								
Location	. 1980	Feet From The	South	Line and 660	Feet	From The	East	Line		
Unit Letter	31N	Range 16W		, NMPM, S	an Juan			County		
Secuon		I AND NATI	IRAL	GAS				<del></del>		
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURA Name of Authorized Transporter of Oil X or Condensate				AL GAS Address (Give address to which approved copy of this form is to be sent)  P.O. Box 4289, Farmington, NM 87401						
Meridian Oil Company	y	or Dry Gas	P.	O. BOX 4289, I	ch approved a	opy of this fo	rm is to be see	u)		
Name of Authorized Transporter of Casin	nghead Gas	•								
If well produces oil or liquids,	Unit S∞.		e. la gr	ns actually connected?	When i					
I a la fina de la companione de la compa	1 32	31N 16W	ngling O							
If this production is commingled with tha  IV. COMPLETION DATA	I from any other lease of				Deepen	Plue Back	Same Res'v	Diff Res'y		
	Oil Wel	Gas Well	I N	ew Well   Workover	Dapa		İ	<u> </u>		
Designate Type of Completion	Date Compl. Ready I	o Prod.	Ta	al Depth		P.B.T.D.				
Date Spanklod	Name of Producing Formation			Top Oil/Gas Pay			Tubing Depth			
Elevations (DF, RKB, RT, GR, stc.)						Derth Casin	Depth Casing Shoe			
Perforations						1				
	TIDING	CASING AN	ID CE	MENTING RECOR	D		STOKE OF	ICUT		
HOLE BIZE	CASING &	CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT		
HOLE SIZE										
			-							
V. TEST DATA AND REQU	EST FOR ALLOV	VABLE		equal to or exceed top all oducing Method (Flow, p	lowable for th	is depth or be	for full 24 ho	urs.)		
OIL WELL (Test must be oft	er recovery of total volum	ne of load oil and i	Pr	equal to or exceed top unoducing Method (Flow, p	ownp, gas lift.	"m	EGE	VE		
Date First New Oil Run To Tank	Date of ten			ating Pressure		Offit Siz				
Length of Test	Tubing Pressure			sting Lierwic		Gu- MCI	NOV1 5	1991.		
Total	Oil - Bbls.		<u>v</u>	laier - Bbla		OH- MCI		DIV.		
Actual Prod. During Test						_13	<del>1. 2.2.2.2</del>			
GAS WELL			16	ible Condensate/MMCF		Gravity o	Condensate			
Actual Prod. Test - MCF/D	Length of Test					Choke Si		· 		
Testing Method (pitot, back pr.)	Tubing Pressure (	Tubing Pressure (Shut-in)		Casing Pressure (Shut-in)						
and Amon Centu	EICATE OF CO	MPLIANCE		OIL CC	NSER'	OITAV	1 DIVIS	ION		
VL OPERATOR CERTIFICATE OF COMPLIANCE  I hereby certify that the rules and regulations of the Oil Conservation  I hereby certify that the rules and that the information given above										
I hereby certify that the rules and regulations of the Conference of the Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.				Date Approved NOV 1 5 1991						
				7 1) du						
Selvich F. Glerice				By SUPERVISOR DISTRICT #3						
Signature Deborah L. Greenich Production Assistant Title				Title						
Printed Name 11/11/91	918-664-	-2100 Telephone No.								
Date		Tetelatore I at	0.000	The state of the state of the state of						

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

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.