## STATE OF NEW MEXICO IGY AND MINERALS DEPARTMENT CHE MIDUT COM SANTA FE FILE U S.U.S. LAND UPPICE

## OIL CONSERVATION DIVISION P. O. BOX 2088 SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE AND

IRANSPORTER DIL	REQUEST FOR							
OPERATOR	AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS							
Operation OFFICE	ces Inc.							
Address		0.1.1.	-h 70	1.1.0				
5100 N. Brookli Reason(s) for filing (Check proper box)	ne, Suite 700, Oklaho	oma City, Okl		112				
Now Well	Change in Transporter of:				•			
Recompletion	Oil Dry Gas Casinghead Gas Condeni	75		•				
Change in Ownership X	Cestinduego ces C							
change of ownership give name M address of previous owner	onument Energy Corpor	ation, 1 Riv	er Way,	Houston, Tx	77056			
DESCRIPTION OF WELL AND	Well No.   Pool Name, Including Fo	rmation .	Kind of Lease		Lease No.			
State BA	1 Todd/Upper San	n Andres	State, Federal	or F⊶ Sţate	06-90			
Location		- 1		- Fact	•			
Unit Letter A ; 660	Feet From The North Line	end 900	Feet From T	heBast				
Line of Section 34 T.	makip 7South Range 3	35East , NMPN	, Roose	velt	County			
ESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GA	S Addiess (Give address	to which approv	ed copy of this form is	to be sent)			
None of Authorized Transporter of Oil International C	rude Corporation	2454 Industr	ial Blvd	.,Abilene,	Tx. 79605			
Name of Authorized Transporter of Cas		Address (Give address	to which approv	ed copy of this form is	to be sent)			
Cities Service	Company	Cities Servi			lahoma			
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rgs.		i					
f this production is commingled wi	th that from any other lease or pool,	give commingling orde	r number:					
COMPLETION DATA	Oil Well Gas Well	New Well Workover	Deepen	Plug Back   Same Re	s'v. Diff. Res'			
Designate Type of Completic	Date Compl. Ready to Prod.	Total Depth	!	P.B.T.D.				
Date Spudded	Date Compt. Naday to 7 year		,					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay		Tubing Depth				
Perforations	<u> </u>	<u> </u>		Depth Casing Shoe				
	TUBING, CASING, AND	CEMENTING RECO	RD					
HOLE SIZE	CASING & TUBING SIZE	DEPTH S		SACKS CE	MENT			
				<del> </del>				
				<u>i</u>				
FEST DATA AND REQUEST F	OR ALLOWABLE (Test must be a) able for this de	fter recovery of total val pth or be for full 24 how	·#)		excess top Bitc			
OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flo	w, pump, gas lij	(i, elc.)				
Length of Test	Tubing Pressure	Casing Pressure	· ·	Choke Size				
Actual Pred, During Test	Oil-Bble.	Water-Bbls.		Gas-MCF				
GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbis. Condensate/MM	CF	Gravity of Condenses	te			
	(2) = (2)	Ceeing Pressure (She	t-in)	Choke Size				
Testing Method (pirot, back pr.)	Tubing Presswe (Shnt-in)			J				
PERTIFICATE OF COMPLIAN	CE		NOV 16	rion division 1982	19			
	regulations of the Oil Conservation	APPROVED	1 / 1-					
bove is true and complete to th	e best of my knowledge and belief.	BY_CAL	<i>L() //00</i>	NADE CIEC.				
·		TITLE _OH	& GAS I	NOVELLOR				
	11	13		compliance with RU	illed or deepen.			
Jany The	ACC	If this is a request for allowable for a newly drilled or deepen well, this form must be accompanied by a tabulation of the deviation tasts taken on the well in accordance with MULE 111.						
Larry P. Moore	, Vice President	All and tions	of this form mi	unt tie filled out comp	pletely for allo			
	ule)	sble on new and	ecompleted w	u iii and VI for ch	hances of own.			
October 1, 198	Pate)	II waste manie or numb	iet. Of Iteliepoi	iter, or other such the				
		Separate For	ins C-104 mul	of the Iffier tot earli	• • • • • • • • • • • • • • • • • • • •			

June 1, 1982

## OIL CONSERVATION DIVISION

P. O. BOX 2088

PANTA PE	<b>S</b> ΑΝΤΑ ΓΕ, ΝΕ	EW MEXICO 87501						
LAND OFFICE	REQUEST FO	OR ALLOWABLE						
OPERATOR PROBATION OFFICE	TOANSPORTER							
MONUMENT RE	nerget Carp							
Address	Describing Codes 700	01.1.1	-1 72112					
S100 North Reason(s) for filing (Arch proper	· box)	Oklahoma City, Okl	ahoma 73112					
New Well  Recompletion	Change in Transporter of:  CII X Dry (	co.						
Change in Ownership	ن ن	lensate						
If change of ownership give nai and address of previous owner		h						
DESCRIPTION OF WELL A	ND LEASE   Nett No.   Pool Name, Intlying	))°						
State BA		n Andres State, Fede	20000 110					
Location		0.2						
Unit Letter A :	660 Feet From The North L	Ine and fifth 900 Feet From	n The East					
Line of Section 34	T anohip 7 Range	34 F NMPM, ROOS	evelt County					
DESIGNATION OF TRANSP	ORTER OF OIL AND NATURAL G		· · · · · · · · · · · · · · · · · · ·					
International Cr			roved copy of this form is to be sent)					
Name of Authorized Transporter of		Address (Give address to which appr	vd. Abilene, Tx. 7960 oved copy of this form is to be sent.					
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge.	Is gas occually connected? W	hen					
If this production is commingled, COMPLETION DATA	i with that from any other lease or pool	, give commingling order number:						
Designate Type of Compl	ction - (X)   Gas Well   Gas Well	New Well Workover Deepen	Plug Back   Same Res'v. Diff, Res'					
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
Lievations (DF, RAB, RT, GR, etc.	Name of Producing Formation	Top Oll/Gas Pay	Tubing Depth					
Perforations			Depth Casing Shoe					
	TUBING CASING AN	D CEMENTING RECORD						
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
TEST DATA AND REQUEST	FOR ALLOWABLE Test must be a	ofter recovery of total volume of load oi	I and must be equal to or exceed top allow					
DIL WELL Date First New Cil Run To Tunks		enth or be for full 24 hours)   Producing Method (Flow, pump, gas l						
Edie Filet New Cir Nun 10 Funk	25.00 01 1000	Producting Kilotinos (From Francisco)						
Length of Test	Tubing Pressure	Cosing Pressure	Choke Size					
Actual Prod. During Test	Oli-Bble.	Water-Bble.	Gos-MCF					
GAS WELL								
Actual From Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate					
Teeting heathand (parer, back pro)	Tubing Presewe (Shut-in)	Cosing Fressure (Shut-in)	Choke Size					
CERTIFICATE OF COMPLIA	INCE	OIL CONSERVA	TION DIVISION					
	d regulations of the Oil Conservation	APPROVED JUN 8						
	ith and that the information given the best of my knowledge and belief.	ORIGINAL SE						
,		TITLE	<u> </u>					
A 12-11	· · · · · · · · · · · · · · · · · · ·		compliance with RULE 1104,					
Jan from	another)	If this is a request for allowell, this form must be accompational talen on the wall in second	wable for a newly drilled or deepensonied by a subulation of the deviation					
Vice-President	7 iile)		set he filled out completely for allow					
•	* *****	II spis on new suntercombisted w						

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections I. H. HI, and VI for changes of ownerwell passes or number, or transporter, or other such Change of condition to parents. I orms C-104 must be filed for each pool in multiperiod to the trid wells.

	<b></b> .	l	
DISTRIBUTIO			
ANTA FE			
TILE			
).S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			
PROPATION OF			

## NEW MEXICO OIL CONSERVATION COMMIS. N REQUEST FOR ALLOWABLE

Form C-104
Supercedes Old C-104 and C-110

	ILE				•	\L40L3	AND	LOWABLE		Effective 1-1-	ia C-104 ana C-11 65
	7.S.G.S.		ا۵ ا	ITHOR	174TIO	N TO TO		OIL AND NA	TUDAL CAC		
	LAND OFFICE				IZATIO	IV IO IN	ANSFORT	OIL AND NA	TURAL GAS		
	TRANSPORTER	IL									
		AS									
	OPERATOR		1								
1.	PRORATION OFFICE	E	]								
	Operator		•								
	Monument Energy Corporation										
	Address										
	Box 1476, L	ovington,	New 1	Mexico	8826	0					
	Reason(s) for filing (Che	ck proper box	,					Other (Please ex	olain)		
	New Well		Cho	inge in Tr	ransporter	of:		Change of	name from		
	Recompletion		Oil			Dry G	ias 🔲		nument Mine	rals. Inc	•
	Change in Ownership		Cas	singhead (	Gas 🔲	Conde	ensate				
	<u> </u>								<del></del>		
	If change of ownership and address of previous										
	one addition of previous	3 0 Wiler									
II.	DESCRIPTION OF W	VELL AND	LEASE								
	Lease Name			ll No. Po	ol Name,	Including	Formation	Kir	nd of Lease		Lease No.
	BA		1	l T	odd L	ower Sa	n Andre	Sto	ite, Federal or Fee	State	OG 90
	Location				3.0	-					00 00
	Unit Letter	. 990	Fa	at From T	-h. 1	N L:		<b>900</b> .	eet From The	2	
	Omit Better		, e	et riom :	. 1.e		ne ana	, , , , , , , , , , , , , , , , , , ,	eet from The		<del></del> -
	Line of Section 34	1 Tow	mship	78		Range	35 <b>K</b>	, NMPM,	Roosevelt		
	<u></u>							, 141011 101,	MOODO AGT C		County
III.	DESIGNATION OF T	RANSPORT	ER OF	OIL AN	ND NAT	TIRAL G	AS				
	Name of Authorized Tran				ensate			Give address to w	hich approved copy	of this form is	to be sent!
	Lobil Oil Corp	coration-	-Truck	<b>T</b>			l .	O, Dallas,		, ,	
	Name of Authorized Tran				or Dry	Gas	Address (	Give address to w	hich approved copy	of this form is	to he sent!
	Cities Service	911 Com	pany	_		_			Oklahoma 74		00 00)
	76 wall and was at 2 as 16		Unit	Sec.	c. Twp. Ege.			Is gas actually connected? When			
	If well produces oil or li- give location of tanks.	quias,		34	7	35	Yes		ř	o acquisit	-1-1
	***************************************			1						o scdara	101
	If this production is con COMPLETION DATA		h that fr	om any o	ther leas	se or pool,	give comm	ingling order nu	mber:		
• • •	·			Oil W	Well	Gas Well	New Wel.	Workover I	Deepen Plug E	Back Same Re	s'v. Diff. Res'v.
	Designate Type o	of Completio	n = (X)	i	1		: 1	1 1		1	
	Date Spudded		Date Co	mpi. Read	ly to Prod	i.	Total Dep	th	P.B.T	'.D.	
	·			•	•				1		
	Elevations (DF, RKB, R	T GR etc.	Name of	Producin	a Formati	len	Top Cil/G	as Pav	Tuhin	g Depth	
	, , , , , , , , , , , , , , , , , , , ,	., 011, 626.)					100 5	45 . 47	I dDill	, Deptii	
	Perforations							Depth Casing Shoe			
	Periorations						Depth Casing Snoe				
	TUBING, CASING, AN										
	1101 5 617						DCEMENT				
	HOLE SIZ	<u> </u>	CA	SING &	TUBING	SIZE	-	DEPTH SET		SACKS CEN	MENT
										· —	
	<del></del>										
							<del></del>				
							<del></del>				
V.	TEST DATA AND RI	EQUEST FO	R ALL	OWABL	E (Tes	st must be a	after recovery	of total volume o	fload oil and mus	be equal to or e	exceed top allow-
	OII. WELL able for this depth or be for full 24 hours)  Date First New Oil Run To Tanks Date of Test Producing Method (Flow, pump, gas lift, etc.)										
	Date i liet 144# Oli Itali	10 14.123	Date of	. 45.			Froducing	Method (1.10w, pa	mp, gas tijt, etc.,		
	Length of Test		Tubina	Pressure		···	Casing Pr		Choke	Size	
	Taudiu of 1991		rannid i	. vosure			Cusing Pr		Choke	314	
	Actual Deed Duster Meet	•	Oil - Bbl				Water Di	_	——————————————————————————————————————	<u> </u>	
	Actual Prod. During Test	i	OII-Bbl	о,			Water - Bbl	B.	Gq8 - 1	ACF	
							<u> </u>				
	A40 ****										
	GAS WELL			<del></del>			T =		<del></del>		
	Actual Prod. Test-MCF	/D	Length o	of Test			Bbls. Con	densate/MMCF	Gravit	y of Condensate	
						. <u>.                                   </u>					
	Testing Method (pitot, bo	ack pr.)	Tubing F	sessme (	Shut-in	1)	Casing Pro	essure (Shut-in	) Choke	Size	
į	· · · · · · · · · · · · · · · · · · ·						<u> </u>				
VI.	CERTIFICATE OF C	COMPLIANC	E				OIL CONSERVATION COMMISSION				
	I hereby certify that the	e rules and re	gulation	s of the	Oil Con	servation	APPROVED, 19				19
	Commission have been	complied w	ith and	that the	informat	tion given	Orig. Digned by				
	above is true and com	plete to the	pest of	my knov	wledge a	nd belief.	BY		<del></del>	Tranch —	
	MONUMENT EMERGY CORPORATION				Joe D. Baney Dist. I, Supv.						
					Her		TITLE				
(.)100 1/ . // /.							This form is to be filed in compliance with RULE 1104.  If this is a request for allowable for a newly drilled or deepened				
						ed or deepened					
	(Signature)						well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.				
President						All sections of this form must be filled out completely for allowable on new and recompleted wells.  Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.					
	(Title)										
	April 11, 1974										
		(Dat	e)				well nar	ne or number, or	transporter, or of	her such chang	e of condition.
							11 9	arata Forms C	.10d must he fil	ad for sect of	nal in multialu