STATE OF NEW MEXICO ENERGY, MINERALS AND NATURAL RESOURCES DEPARTMENT OIL CONSERVATION DIVISION

IN THE MATTER OF THE HEARING CALLED BY THE OIL CONSERVATION COMMISSION OF NEW MEXICO FOR THE PURPOSE OF CONSIDERING:

> CASE NO. 9509 Order No. R-8800

IN THE MATTER OF THE HEARING CALLED BY THE OIL CONSERVATION DIVISION ON ITS OWN MOTION TO CONSIDER THE REVISION OF DIVISION FORMS C-101, C-102, C-103, C-104, C-105, C-115, C-116, C-120-A, C-123, C-133, AND THE SOUTHEAST PACKER LEAKAGE FORM.

ORDER OF THE COMMISSION

BY THE COMMISSION:

This cause came on for hearing at 9:00 a.m. on October 20, 1988, at Santa Fe, New Mexico, before the Oil Conservation Commission of New Mexico, hereinafter referred to as the "Commission."

NOW, on this <u>lst</u> day of December, 1988, the Commission, a quorum being present, having considered the testimony presented and the exhibits received at said hearing, and being fully advised in the premises,

FINDS THAT:

(1) Due public notice having been given as required by law, the Commission has jurisdiction of this cause and the subject matter thereof.

(2) The Division proposed complete revisions of Forms C-101, C-102, C-103, C-104, C-105, C-115, C-116, C-120-A, C-123, C-133 and the Southeast Packer Leakage Form.

(3) These changes are necessary to update the forms and make them more useful, and there will be no significant adverse effects. CASE NO. 9509 Order No. R-8800 Page -2-

(4) The proposed changes were widely publicized, and only general favorable comments were received.

(5) Future changes of forms which do not change substantive rights should be done administratively by the Division without the necessity of hearing.

IT IS THEREFORE ORDERED THAT:

(1) The new Forms C-101, C-102, C-103, C-104, C-105, C-115, C-116, C-120-A, C-123, C-133 and the Southeast Packer Leakage Form as attached hereto as Exhibit "A" are hereby approved.

(2) This rule shall be effective January 1, 1989, after which date the prior forms shall be superseded.

(3) The Oil Conservation Division may administratively revise forms from time to time as it sees fit without hearing.

(4) Jurisdiction of this cause is retained for the entry of such further orders as the Commission may deem necessary.

DONE at Santa Fe, New Mexico, on the day and year hereinabove designated.

> STATE OF NEW MEXICO OIL CONSERVATION COMMISSION

WILLIAM R. HUMPHRIES, Member

Elling a. Brotion

ERLING A. BROSTUEN, Member

WILLIAM J. LEMAY, Chairman and Secretary

SEAL

Submit to Appropriate District Office State Lease – 6 copies Fee Lease – 5 copies		State of New Me	esources Department		Form (Revised	C-101 1 1-1-89
<u>DISTRICT I</u> P.O. Box 1980, Hobbs, NI		CONSERVATIO P.O. Box 208	8	API NO. (assign	ed by OCD on New W	ells)
<u>DISTRICT II</u> P.O. Drawer DD, Artesia,	NM 88210	Santa Fe, New Mexico	87504-2088	5. Indicate Type	e of Lease STATE	FEE
<u>DISTRICT III</u> 1000 Rio Brazos Rd., Azte	ec, NM 87410			6. State Oil & C	Gas Lease No.	
APPLICA	TION FOR PERMIT	TO DRILL, DEEPEN, C	OR PLUG BACK	V/////////////////////////////////////		
1a. Type of Work:				7. Lease Name	or Unit Agreement Nat	me
DRIL b. Type of Well: OIL GAS WELL WELL	L RE-ENTE	R DEEPEN SINGLE	PLUG BACK			
2. Name of Operator				8. Well No.		
3. Address of Operator				9. Pool name or	Wildcat	
4. Well Location Unit Letter	:Feet	From The	Line and	Feet From	m The	Line
Section	Tow	aship Ra	nge	NMPM		County
		10. Proposed Depth	11.	Formation	12. Rotary (ж С.Т.
13. Elevations (Show wheth	er DF, RT, GR, etc.)	14. Kind & Status Plug. Bond	15. Drilling Contracto	or 16.	Approx. Date Work w	ill start
17.	P	ROPOSED CASING AN	D CEMENT PROG	RAM		
SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CI	EMENT ES	T. TOP
<u> </u>						

IN ABOVE SPACE DESCRIBE PROPOSED PROGRAM: IF PROPOSAL IS TO DEEPEN OR PLUG BACK, GIVE DATA ON PRESENT PRODUCTIVE ZONE AND PROPOSED NEW PRODUCTIVE ZONE. GIVE BLOWOUT PREVENTER PROGRAM, IF ANY.

..... DATE

____ DATE ____

TELEPHONE NO.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE _____

APPROVED BY____

TYPE OR PRINT NAME

(This space for State Use)

____ TITLE ____

_____ TTTLE ____

CONDITIONS OF APPROVAL, IF ANY:

DISTRICT I P.O. Box 1980, Hobbs, NM 88240

DISTRICT II P.O. Drawer DD, Artesia, NM 88210

State of New Mexico Energy, Minerals and Natural Resources Department

-+

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

WELL LOCATION AND ACREAGE DEDICATION PLAT - 6 44

Operator				ease				Well No.	
Unit Letter	Section	Township	I	Range			County		
Actual Footage Los	cation of Well:					NM	PM		
3	feet from the		line and			feet fr	om the	line	
Ground level Elev.		cing Formation		Pool				Dedicated Acreage:	
								Acres	
2. If more	re than one lease is o	ated to the subject well dedicated to the well, or	utline each and ic	lentify the ow	ership there	of (both as to wo	-		
	ation, force-pooling,	different ownership is d etc.?	edicated to the v	ven, nave me	interest of al.	i owners been co.	isoliuated by con	11111111111111111111111111111111111111	
	Yes		ver is "yes" type			(Lise reverse sid			
this form	n if neccessary.			-		·			
		d to the well until all in eliminating such interes				nitization, unitiza	tion, forced-pool	ng, or otherwise)	
	non sunsure unit,	enning sour mores					0.0000		
	I							TOR CERTIFICATION y certify that the information	
	ļ						contained her	ein in true and complete to the	
	1						best of my kno	wledge and belief.	
							Signature		
	1	1					Printed Name		
	 						Position		
				l			Company		
				Ì			Date	<u></u>	
	[SURVE	YOR CERTIFICATION	
			4				on this plat actual survey supervison, a	ify that the well location shown was plotted from field notes of is made by me or under my nd that the same is true and he best of my knowledge and	
							Date Surveye	đ	
							Signature & S Professional S	ieal of Surveyor	
							Certificate No		
0 330 660	990 1320 165	0 1980 2310 2640	0 2000	1500	1000	500 0			

Submit 3 Copies to Appropriate District Office	State of New M Energy, Minerals and Natural H		Form C-103 Revised 1-1-89
DISTRICT I P.O. Box 1980, Hobbs, NM 88240 DISTRICT II P.O. Drawer DD, Artesia, NM 88210	WELL API NO. 5. Indicate Type of Lease STATE FEE		
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410			6. State Oil & Gas Lease No.
(DO NOT USE THIS FORM FOR PRO DIFFERENT RESER (FORM C-	CES AND REPORTS ON WE POSALS TO DRILL OR TO DEEPE IVOIR. USE "APPLICATION FOR PI 101) FOR SUCH PROPOSALS.)	N OR PLUG BACK TO A	7. Lease Name or Unit Agreement Name
1. Type of Well: OIL WELL WELL	OTHER		
2. Name of Operator			8. Well No.
3. Address of Operator			9. Pool name or Wildcat
4. Well Location Unit Letter::	Feet From The	Line and	Feet From The Line
Section			NMPM County
	10. Elevation (Show whethe	r DF, KKB, RI, GR, eic.)	
11. Check A NOTICE OF INT	Appropriate Box to Indicate ENTION TO:	•	eport, or Other Data SEQUENT REPORT OF:
		REMEDIAL WORK	
	CHANGE PLANS		
PULL OR ALTER CASING		CASING TEST AND CE	
OTHER:		OTHER:	

12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.							
SIGNATURE	_ TITLE	DATE					
TYPE OR PRINT NAME		TELEPHONE NO.					
(This space for State Use)							
APPROVED BY	- TTLE	DATE					

Submit 5 Copies Appropriate District Office DISTRICT I P.O. Box 1980, Hobbs, NM 88240

DISTRICT II P.O. Drawer DD, Antesia, NM 88210

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

State of New Mexico Energy, Minerals and Natural Resources Department

Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

See Instructions at Bottom of Page

Form C-104

Revised 1-1-89

Line

County

Diff Res'v

Well API No. Operator Address Reason(s) for Filing (Check proper box) Other (Please explain) New Well Change in Transporter of: Dry Gas Recompletion Oil \square Casinghead Gas 🗌 Condensate Change in Operator If change of operator give name and address of previous operator **II. DESCRIPTION OF WELL AND LEASE** Well No. Pool Name, Including Formation Kind of Lease Lease No. Lease Name State, Federal or Fee Location __ Feet From The ____ Line and ____ Feet From The Unit Letter Township Range , NMPM, 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 Г Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent) Г Twp. Rge. Is gas actually connected? When ? If well produces oil or liquids, Unit Sec. give location of tanks. If this production is commingled with that from any other lease or pool, give commingling order number: **IV. COMPLETION DATA** Oil Well Gas Well New Well | Workover Deepen Plug Back Same Res'v Designate Type of Completion - (X) Total Depth Date Spudded Date Compl. Ready to Prod. P.B.T.D. Top Oil/Gas Pay Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Tubing Depth Perforations Depth Casing Shoe TUBING, CASING AND CEMENTING RECORD HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT . TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (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.) Date First New Oil Run To Tank Date of Test Producing Method (Flow, pump, gas lift, etc.) Choke Size Length of Test **Tubing Pressure** Casing Pressure Gas-MCF Actual Prod. During Test Oil - Bbls. Water - Bhls GAS WELL Actual Prod. Test - MCF/D Length of Test Bbls. Condensate/MMCF Gravity of Condensate Tubing Pressure (Shut-in) Casing Pressure (Shut-in) Choke Size 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 is true and complete to the best of my knowledge and belief. Date Approved

Signature	· · · · · · · · · · · · · · · · · · ·	By_
Printed Name	Title	Title
Date	Telephone No.	

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.

Submit to Appropriate District Office State Lease 6 copies		Ener	-	tate of New Mex and Natural Res		nent			Form C-105 Revised 1-1-89
Fee Lease – 5 copies DISTRICT I P.O. Box 1980, Hobbs, 1	NM 88240	OI	L CONS	ERVATION		DN V	VELL API NO	•	
DISTRICT II		_	Santa Fe,	P.O. Box 2088 New Mexico 8			5. Indicate Ty	-	TE FEE
P.O. Drawer DD, Artesia DISTRICT III							6. State Oil &	STAT Gas Lease No.	
1000 Rio Brazos Rd., Az			5001015				mm	mmm	mmmm
1a. Type of Well:				TION REPORT			7. Lease Nam	e or Unit Agrees	ment Name
OIL WELL b. Type of Completion: NEW WORK				OTHER					
well Over 2. Name of Operator	DEEPE			ESVR OTHER			8. Well No.		
3. Address of Operator							9. Pool name	or Wildcat	
4. Well Location					T		P		T :
Unit Letter	;	Fe	et from the		Line and		reet F	iom ine	Line
Section			wnship	Rang	·····		IPM		County
10. Date Spudded	11. Date T.D	. Reached	12. Date Co	mpl. (Ready to Prod.)	13. Elev	ations (DF)	& RKB, RT, G	R, etc.) 14.	Elev. Casinghead
15. Total Depth	16. P	lug Back T.D.	1	7. If Multiple Compl. Many Zones?	. How 18.	Intervals Drilled By	Rotary Tool	s I ^{Ca}	ible Tools
19. Producing Interval(s),	of this corn	pletion - Top,	Bottom, Name				1	20. Was Directio	onal Survey Made
21. Type Electric and Oth	er Logs Run		<u> </u>				22. Was We	ll Cored	
23.	·····	C	ASING RI	ECORD (Repo	ort all strings	set in a	L ve11)	··· ···	
CASING SIZE	WEIG	HT LB/FT.	DEPT		OLE SIZE		AENTING R	ECORD	AMOUNT PULLED
					<u></u>				
							· · · · · · · · · · · · · · · · · · ·		
		<u> </u>						<u> </u>	
24.	I	LD	NER RECO			25.	TU	BING RECO	
SIZE	TOP	I	BOTTOM	SACKS CEMENT	SCREEN		SIZE	DEPTH SI	ET PACKER SET
26. Perforation reco	rd (interva	ıl, size, and	number)		27. ACID,	SHOT,	FRACTUR	e, cement	, SQUEEZE, ETC.
					DEPTH INT	ERVAL	AMOU	NT AND KIND	MATERIAL USED
28.				PRODUCTIO	The second se			Min Change	(Dead as Shadia)
Date First Production		Produc	tion Method (r	lowing, gas lift, pump	ing - Size and typ	e pump)		wen Status	(Prod. or Shut-in)
Date of Test	Hours Tes	ited	Choke Size	Prod'n For Test Period	Oil - Bbl.	Gas - M	CF V	Vater - Bbl.	Gas - Oil Ratio
Flow Tubing Press.	Casing Pr	essure	Calculated 24- Hour Rate	Oil - Bbl.	Gas - MCF	Wa	uer - Bbl.	Oil Gravity	y - API - (Corr.)
29. Disposition of Gas (Sc	old, used for	fuel, vented, e	1c.)				Test W	itnessed By	
30. List Attachments				<u> </u>					
31. I hereby certify that	the inform	ation shown	on both sides	of this form is true	and complete t	o the best	of my knowle	edge and belie	ſ
Signature				Printed Name		Tit	le		Date
Sikuamie				·				•••••	

	succeeding month.	One Copy to Transporter (s) DATE DUE To be normarked by 24th day of next	DISTRIBUTION Original OCD Santa Fe One Copy OCD Dist. Office in which lease is located	VELL NO. UNIT SEC. TWP RNG W VOLUME			Company or Operator	DISTRICT I P.O. Box 1980, Hobbs, NM 88240 DISTRICT II P.O. Drawer DD, Artesia, NM 88210 DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410
			STATUS CODE FFLOWING PPUMPING GGAS LIFT	PRESS.		INJECTION		
	U V	B M	<u>отнея</u> с	PRODUCED				Energy, DIL C
"DTHER" GAS DISPOSITION CODE XUSED OFF LEASE DUSED FOR DRILLING GGAS UFT GGAS UFT C.111 C.111 C.111 C.111 C.111 C.111 C.111 C.111 C.111 C.111 C.111 C.111 C.111 C.111 C.111 C.111 C.111 C.111 C.111 C.111 C.111 C.111 C.111 C.111 C.111 C.111 C.111 C.111 C.111 C.111 C.111 C.111 C.111 C.111 C.111 C.111 C.111 C.111 C.111 C.111 C.111 C.111 C.111 C.111 C.111 C.111 C.111 C.111 C.111 C.111 C.111 C.111 C.111 C.111 C.111 C.111 C.111 C.111 C.111 C.111 C.111 C.111 C.111 C.111 C.111 C.111 C.111 C.111 C.111 C.111 C.111 C.111 C.111 C.111 C.111 C.111 C.111 C.111 C.111 C.111 C.111 C.111 C.111 C.111 C.111 C.111 C.111 C.111 C.111 C.111 C.111 C.111 C.111 C.111 C.111 C.111 C.111 C.111 C.111 C.111 C.111 C.111 C.111 C.111 C.111 C.111 C.111 C.111 C.111 C.111 C.111 C.111 C.111 C.111 C.111 C.111 C.111 C.111 C.111 C.111 C.111 C.111 C.111 C.111 C.111 C.111 C.111 C.111 C.111 C.111 C.111 C.111 C.111 C.111 C.111 C.111 C.111 C.111 C.111 C.111 C.111 C.111 C.111 C.111 C.111 C.111 C.111 C.111 C.111 C.111 C.111 C.111 C.111 C.111 C.111 C.111 C.111 C.111 C.111 C.111 C.111 C.111 C.111 C.111 C.111 C.111 C.111 C.111 C.111 C.111 C.111 C.111 C.111 C.111 C.111 C.111 C.111 C.111 C.111 C.111 C.111 C.111 C.111 C.111 C.111 C.111 C.111 C.111 C.111 C.111 C.111 C.111 C.111 C.111 C.111 C.111 C.111 C.111 C.111 C.111 C.111 C.111 C.111 C.111 C.111 C.111 C.111 C.111 C.111 C.111 C.111 C.111 C.111 C.111 C.111 C.111 C.111 C.111 C.111 C.111 C.111 C.111 C.111 C.111 C.111 C.111 C.111 C.111 C.111 C.111 C.111 C.111 C.111 C.111 C.111 C.111 C.111 C.111 C.111 C.111 C.111 C.111 C.111 C.111 C.111 C.111 C.111 C.111 C.111 C.111 C.111 C.111 C.111 C.111 C.111 C.111 C.111 C.111 C.111 C.111 C.111 C.111 C.111 C.111 C.111 C.111 C.111 C.111 C.111 C.111 C.111 C.111 C.111 C.111 C.111 C.111 C	PRODUCED		PRODUCTION	Address _	State of New Mexico Energy, Minerals and Natural Resources OIL CONSERVATION DI P.O. Box 2088 Santa Fe, New Mexico 87504-2			
				(MCF)	2	Q		State of New Mexico Is and Natural Resour ERVATION P.O. Box 2088 e, New Mexico 8750
		THE	OTHER OIL CCIRC LLOST SSEDII	PHOD				Mexi I Reso 101 2088 100 87
		EEXPLANATION ATTACHED TTHEFT	TOTHER OIL DISPOSITION CODE CCIRCULATING OIL LLOST SSEDIMENTATION (B S & W	SOE		DISP		
		TACHED	N CODE	E P		OSITIO		Department IVISION 088
SIGNATURE		TYPED NAME	I HEREB COMPLE	Отнея		DISPOSITION OF GAS	Zip	oent ON
m		ĥ	Y CER TE TO	m U C				
			I HEREBY CERTIFY THAT THE INFORMATION GIVEN IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE	MONTH HAND AT	OIL ON		For Month, Year	
	POSITION		OF MY KN		BARRELS	DISPO		<u>OPERAT</u> Fc
	Ŷ		ORMAT OWLEL			SITION		<u>ATOR'S MO</u> Form C-115 See Dist Informatic
DATE		뫈	TON GIVEN	ОТНЕЯ		DISPOSITION OF OIL	Page	м _{Гі} , _Ц
		PHONE NUMBER	I IS TR	۵۵۵ میں ۲۵۵۶ کے ۲۵			으 으 	<u>HLY REPORT</u> Revised 1/1/89 Pution and Code Bottom of Page
)ER	UE AND	MONTH MONTH				<u>PORT</u> 1/1/89 Code f Page

(See Rule 301, Rule 1116 & appropriate pool rules.)	Gas volumes must be reported in MCr measured at a pressure base of 13.023 psia a Specific gravity base will be 0.60. Report casing pressure in lieu of tubing pressure for any well producing through casing.	which well is located by more than 25 percent. Operator is encouraged to take advantage of this 25 percent tolerance in order that well can be assigned increased allowables when authorized by the Division.	Instructions:				LEASE NAME		Address	Operator		P.O. Drawer DD, Artesia, NM 88210 DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410	P.O. Box 1980, Hobbs, NM 88240	Submit 2 copies to Appropriate District Office. DISTRICT 1
opriate p	vicr mea	allowabl			 		<u>No</u>	WELL						
ool rul	ure for a	perator i es when			 		c							
les.)	a press iny well	is encou			 		S	LOCATION					011	Ene
	produc	raged to		 	 			9 2				S		ergy, N
	ing thro	take ac the Divi			 <u> </u>	a	R				GAS	anta F	SNC	lineral
	.uzo psia ugh casing	lvantage o					TEST	DATE OF		Pool	GAS - OIL RATIO TEST	P.O. Box 2088 Santa Fe, New Mexico 87504-2088	ERV.	State of New Mexico Energy, Minerals and Natural Resources
	and a t	of this 2			 ······································		STA		TYPE OF TEST - (X)		RAT	3ox 20 Aexico	ATT	New N Itural F
	psia and a temperature casing.	5 percen	-				SIZE	CHOKE			IO TH	8750-	ON _	lexico Resourc
	ure of 60° F.	or the pool	-				PRESS.	TBG	Scheduled		TST	4-2088	OIL CONSERVATION DIVISION	
Date							ALLOW-	DAILY					SION	Department
Ċ	Printed name and title	Signature	ereby ce nplete to t				HOURS	LENGTH	0					
	and title		rtify tha he best c				WATER BBLS.	P	Completion					
			t the a of my kn				GRAV.	DD DUP		County				
			I hereby certify that the above information i complete to the best of my knowledge and belief.		 		BBLS.	PROD. DURING TEST	(0)					
Telej		- - - -	ormation and beli		 		GAS M.C.F.		Special				Kev	For
Telephone No.			is true and ef.		 		RATIO CU.FT/BBL	GAS - OIL					Kevised 1/1/89	Form C-116

Submit 1 Copy to Santa Fe and 1 Copy to Appropriate District Office by 15th of Second Succeeding Month.

DISTRICT I P.O. Box 1980, Hobbs, NM 88240

DISTRICT II P.O. Drawer DD, Artesia, NM 88210

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

State of New Mexico Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088 Santa Fe, New Mexico 87504-2088

MONTHLY WATER DISPOSAL REPORT

Disposal	System
Operator	

Operator						·	Disposal System		
Address						C	ounty	Month,	19
LEASE	WELL NO.	UL	LOCA S	TION	N R	PREVIOUS - CUM DISPOSED WATER BARRELS	CURRENT MONTH DISPOSED WATER BARRELS	NEW-CUMULATIVE DISPOSED WATER BARRELS	AVERAGE INJECTION PRESSURES
						BARRELS	DARRES	DAMLES	TRESSURES
						1			
hereby certify that the abo	ve is true and c	ompl	ete tr	the	best of	of my knowledge and be	lief.	L	-t <u></u>
						Signatu	.re		

Company _____

Title _____ Telphone No. _____

Remarks: _____ Printed Name ____

DISTRICT I P.O. Box 1980, Hobbs, NM 88240	OIL CONSERVATION DIVI P.O. Box 2088	ISION	
DISTRICT II P.O. Drawer DD, Artesia, NM 88210	Santa Fe, New Mexico 87504-208	88	
DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410			
REQUES	T FOR THE CREATION C	OF A NEW POOL	<i>.</i>
		Date	,19
The			
TheN	ame of Operator	Name of Lease	e
Located	feet from the	line and	feet
Well 140.			
from the	line of Section	Township	Range
Name of Producing Formation _			
Operator Name and Address			
Signature			
Title	Date		
For OCD use only:			
Pool Created			
Placed in		Pool	
Order No	Date		

State of New Mexico Energy, Minerals and Natural Resources Department

Submit 2 Copies to Appropriate District Office +--

Submit in triplicate to Santa Fe Office

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

AUTHORIZATION TO MOVE PRODUCED WATER

Transporter Name	
Address	Office Location (If different)
Phone Number (s)	
State Corporation Commission Permit No	

NOTE: It is the responsibility of each holder of an approved Form C-133 to familiarize its personnel with the content of Division Rules 709 and 710 and to assure operations in compliance therewith. Failure to move and dispose of produced water in accordance with Division Rules 709 and 710 are cause for cancellation of Form C-133 and the authority to move produced water.

I hereby certify that the information above is true and complete to the best of my knowledge and belief

Signature	Date
Printed Name	Title
(This space for State Use)	
Approved by	Title
Date	

Submit 3 Copies to Appropriate Dist. Office

DISTRICT II

-

DISTRICT I P.O. Box 1980, Hobbs, NM 88240

P.O. Drawer DD, Artesia, NM 88210

State of New Mexico Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION P.O. Box 2088

Santa Fe, New Mexico 87504-2088

Revised 1-1-89

INSTRUCTIONS ON REVERSE SIDE

This form is not to be used for reporting packer leakage tests in <u>Northwest</u> New Mexico

SOUTHEAST NEW MEXICO PACKER LEAKAGE TEST

Operator				ease		Well No.
ocation	Unit	Sec.	Twp	Rge	County	
f Well			Type of Prod.	Method of Prod. Flow, Art Lift	Prod. Medium (Tbg. or Csg)	Choke Size
pper	Name of Re	eservoir or Pool	(Oil or Gas)	Flow, Alt Litt	(105. 01 005)	
ompl						
ompl			FLOW 7	TEST NO. 1		
		, date):			Upper	Lower
•					Completion	Completion
dicate by	(X) the zone p	producing		••••••		
ressure at I	beginning of tes	st		•••••		
tabilized?	(Yes or No)					
laximum p	pressure during	test				
linimum n	ressure during (test				
ummum p	logoure earing					
-					•	
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OPERATOR CERTIFICATE OF COMPLIANCE I hereby certify that the information contained herein is true and completed to the best of my knowledge	OIL CONSERVATION DIVISION	
	Date Approved	
Operator		
Signature	Ву	
Printed Name Title	Title	
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