

RECEIVED
OIL CONSERVATION DIVISION
MAR 13 AM 8 57
FLUID WASTE, INC.
300 Crescent Ct. #1106
Dallas, Texas 75201

March 7, 1990

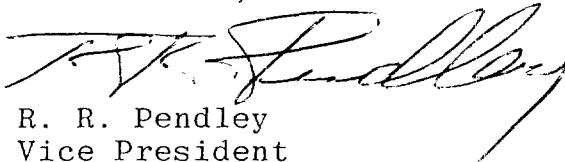
State of New Mexico
Oil Conservation Division
P. O. Box 2088
State Land Office Bldg.
Santa Fe, NM 87501

Gentlemen:


Enclosed is one copy of the required annual temperature survey for 1990 on the Dorstate #1 SWDW, Eddy County, New Mexico.

Sincerely,

FLUID WASTE, INC.


R. R. Pendley
Vice President

RRP:wh
Encl.



TEMP-TROL

FILE NO. 9982	COMPANY FLUID WASTE, INC.		
	WELL DOR STATE NO. 1 SWDW		
	FIELD N/A		
	COUNTY EDDY STATE NEW MEXICO		
	LOCATION: 1980' FNL & 660' FEL		Other Services
SEC 27 TWP 25-S RGE 28-E			
Permanent Datum G.L. Elev. N/A		Elevations: KB N/A DF N/A GL N/A	
Log Measured from K.B. 12 Ft. Above Permanent Datum			
Drilling Measured from K.B.			
Date	2-2-90		
Run No.	ONE		
Type Log	TEMPERATURE		
Depth-Driller	8000'		
Depth-Logger	7614'		
Bottom Logged Interval	7614'		
Top Logged Interval	5800'		
Type Fluid in Hole	WATER		
Salinity Ppm Cl.			
Density Lb./Gal.			
Level	FULL		
Max. Rec. Temp. Deg. F			
Opr. Rig Time			
Recorded By	GRAY		
Witnessed By	CARTER HUGHES		
Run No.	Bore Hole Record		Casing Record
Bit	From	To	Size Wgt. From To
			4 1/2" 11.6# SURFACE T.D.
			TUBING
			2 7/8" SURFACE 6350'

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

OIL CONSERVATION DIVISION

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

AUG 10 '90

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator SHEA-MEG CORPORATION	Well API No.
Address 2833 PECOS HWY., CARLSBAD, NM 88220	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Operator <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
If change of operator give name and address of previous operator FLUID WASTE, INC., 200 CRESCENT CT., SUITE 1610, DALLAS, TX 75201	

II. DESCRIPTION OF WELL AND LEASE

Lease Name DORSTATE SWD - 247	Well No. 1	Pool Name, Including Formation WILDCAT DELAWARE	Kind of Lease State, Federal or Fee	Lease No. L-5369
Location Unit Letter <u>h</u> : <u>1980</u> Feet From The <u>NORTH</u> Line and <u>660</u> Feet From The <u>EAST</u> Line Section <u>27</u> Township <u>25S</u> Range <u>28E</u> , NMPM, EDDY County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> NAVAJO REFINING, CO	Address (Give address to which approved copy of this form is to be sent) P.O. DRAWER 159, ARTESIA, NM 88210					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When ?

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
Perforations						Depth Casing Shoe		

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

V. 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.)

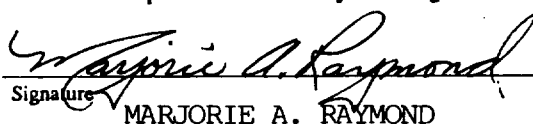
Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas- MCF

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. OPERATOR CERTIFICATE OF COMPLIANCE

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.


Signature
MARJORIE A. RAYMOND

Printed Name
4/1/90
Date
(505) 236-6130
Telephone No.

OIL CONSERVATION DIVISION

Date Approved Nov 4, 1991

By 

Title SUPERVISOR, DISTRICT II

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.