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DISTRICT II

State of New Mexico Energy, Minerals and Natural Resources Department

## MAY - 8 1992

RECEIVED

## OIL CONSERVATION DIVISION

O. C. D.

P.O. Drawer DD, Artesia, NM 88210	Sant	P.O. Box 2088 Santa Fe, New Mexico 87504-2088				ELEGIS OFFICE			
DISTRICT III 000 Rio Brazos Rd., Aziec, NM - 87410	0		·						
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perator	<i></i> !	UTHAN	SPUHI U	IL AND NA	TUHALG	IAS Wali	ĀPI Nõ.		
PUEBLO OPERATI	'NG					""	74 F 140.		
ddress					· - · - · · · · · · · · · · · · · · · ·			·	
P.O. BOX 8249		LL, NEW	MEXICO	88202					
eason(s) for Filing (Check proper box)			_	□ Of	er (Please exp	lain)			
ew Well	Oil	Change in Ti	ransporter of: Fry Gas						
ecompletion	- ···	I Gas 📋 C	.,						
	BOLA ENE			P.O. BO	x 1668	ALBUQUI	ERQUE, NM 87	103	
address of previous operator							•		
, DESCRIPTION OF WELL  1816 Name				ii Naa Paasastaa		فسائع ا	of Lenne	Lease No.	
		2	RACE T		ANDRES		Pederal or Fee	I Zame I W.	
J.P. WHITE D		. 4	IGGE	ruicit bil		ı	<b>—</b> • • • • • • • • • • • • • • • • • • •		
Unit Letter C		O re	et From The	NORTH Lin	and 1980	0 <u>r</u>	et From The WEST		
Section 20 Towns	hi <u>e</u> 10S	R	enge 28E	, <u>N</u> I	MPM,	CHAVES		Count	
. DESIGNATION OF TRA	NCDADTED	OF OIL	AND NATE	IDAL CAC					
me of Authorized Transporter of Oil		or Condensate			e achtess to w	hich approved	copy of this form is to l	e sent)	
PUEBLO PETROLEUM, IN	NC.		1 J	P.O. I	30X 8249	ROSW	ELL, NM 8820	2	
ime of Authorized Transporter of Casi	nghead Gas	[] or	Dry Gas [ ]	Address (Giv	e address to w	hich approved	copy of this form is to b	e semi)	
	1000	, I		-   <u></u>		1 322			
well produces oil or liquids, e location of tanks.	Unit S		wp.   Rge LOS   28E	1	y connected?	When	7		
nis production is commingled with tha									
COMPLETION DATA	t from any once	rease or poo	a, grae comming	ing order mann					
<del></del>		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back   Same Rec	'v Dist Rec	
Designate Type of Completion	1 - (X)	ĺ	i	i		i .	i	i	
te Spudded	Date Compl.	Ready to Pro	od.	Total Depth	· · · · · · · · · · · · · · · · · · ·		P.B.T.D.		
	_ :	· <del>····</del>		Tốp Đừ Gái I	<b>12.:: </b>				
evations (DF, RKB, RT, GR, etc.)	Name of Pro	ducing Forms	alion	Top On Oak	<b>-</b> y		Tubing Depth		
Torations	l			l			Depth Casing Shoe		
	<u>ır                                    </u>	JBING, C	ASING AND	CEMENTI			1	<del></del>	
HOLE SIZE	ING & TUBI	NG SIZE	DEP IH SET		•	SACKS CEMENT			
	_								
	_			-		<del></del>			
				-					
TEST DATA AND REQUE	ST FOR AT	LLOWAR	LE	_					
1. WELL (Test must be after	recovery of lold	al volume of l	load oil and mu	t be equal to or	exceed top all	owable for thi	s depth or be for full 24	hours.)	
te First New Oil Run To Tank	Date of Test			Prixing Me	thod (Flow, p	ump, gas tyl, t	_	to A In	
ngth of Test Tubing Pressure				Casing Pressure			Choke Size	CS 10 -229	
again or real		AGIC							
tual Prod. During Test Oil - Bbls.				Water - Bbla.	Water - Bbla.		On MCF Th	05 ET	
				<u> </u>			2		
AS WELL									
ciusi Prod. Test - MCI/D	Longth of Te	Length of Test			rate/MMCI <sup>1</sup>		Cravity of Condensale	•	
tine Mathod (vitet, back pr.) Tubing Pressu				Casing Pressure (Shut-in)			Choke Size		
ting Method (pitot, back pr.)	I noing Lieu	mia (20m-m)	,	Casing Liesar	ite (Silot-iti)		G.022 5.23		
	CATTE OF	COLARIA	LANCE	-\[			1		
I. OPERATOR CERTIFIC					DIL CON	<b>ISERV</b>	ATION DIVIS	ION	
I hereby certify that the rules and reg Division have been complied with an	manous of the U d that the inform	nation given :	above	M ·	. ,				
is true and complete to the best of my	knowledge and	l belief.		Date	Annrove	AM MAY	1 8 1992		
OI IN	$\bigcirc$				pp.046				
Hay Ila	بعلا	<del>,                                      </del>		Rv	05/-	NIB. A :			
Signature Gary L. Royal	<)	'Compt	roller	5,-	ORIC	JINAL SIC	NED BY		
Printed Name			ile	Title	MIKE	E WILLIAN	AS <del>DIST<b>RICT</b> ∰</del>		
05/07/92			-6133	'"''	<b>J</b> UF1	ERVIOUK,	TIDINICIU		
Date		Telepho	one No.	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 1, 11, 111, and VI for changes of operator, well name or number, transporter, or other such changes.