

STRICT I
O. Box 1980, Hobbs, NM 88240

STRICT II
O. Drawer DD, Artesia, NM 88210

STRICT III
00 Rio Brazos Rd., Aztec, NM 87410

Energy, Minerals and Natural Resources Department

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

Revised 12/89
See Instructions
at Bottom of Page

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SEP 18 1992

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

| | |
|---|--------------------------|
| Operator Pueblo Petroleum, Inc. | Well API No. O. C. D. |
| Address P. O. Box 8249 Roswell, NM 88202 | |

| | | |
|---|---|---|
| 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 checked="" type="checkbox"/> Dry Gas <input type="checkbox"/> | |
| Change in Operator <input type="checkbox"/> | Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> | |
| Change of operator give name and address of previous operator | | |

DESCRIPTION OF WELL AND LEASE

| | | | | |
|--|---------------|--|-------------------------|-----------|
| Well Name CX Plains | Well No. 3 | Pool Name, Including Formation Racetrack San Andres | Kind of Lease or Fee | Lease No. |
| Location Unit Letter <u>P</u> : <u>330</u> Feet From The <u>South</u> Line and <u>330</u> Feet From The <u>East</u> Line Section <u>19</u> Township <u>10S</u> Range <u>28 E</u> , NMPM, Chaves County | | | | |

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

| | | | | | | |
|---|--|------------|-------------|-------------|----------------------------|-------|
| Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Atro Source Partners LTD. | Address (Give address to which approved copy of this form is to be sent) P. O. Box 1356 Dumas, TX 79029 | | | | | |
| 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) | | | | | |
| Well produces oil or liquids, location of tanks. | Unit P | Sec. 19 | Twp. 10S | Rge. 28E | Is gas actually connected? | When? |

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

COMPLETION DATA

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

TUBING, CASING AND CEMENTING RECORD

| | | | |
|-----------|----------------------|-----------|--------------|
| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT |
| | | | |
| | | | |
| | | | |

TEST DATA AND REQUEST FOR ALLOWABLE

| | | | |
|---|-----------------|---|------------|
| 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.) | | | |
| 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 |
| Initial Prod. During Test | Oil - Bbls. | Water - Bbls. | Gas- MCF |

IS WELL

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

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 Gary L. Royal | Title Comptroller |
| Printed Name 8-28-92 | Telephone No. 623-6133 |

OIL CONSERVATION DIVISION

Date Approved SEP 21 1992

By ORIGINAL SIGNED BY
MIKE WILLIAMS
Title SUPERVISOR, DISTRICT 19

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- All sections of this form must be filled out for allowable on new and recompleted wells.
- Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- Separate Form C-104 must be filed for each pool in multiply completed wells.