Submit 5 Copies Appropriate District Office DISTRICT I P.O. Box 1980, Hobbs, NM DISTRICT II P.O. Drawer DD, Artesia, N			L CO	State of New rals and Naturn NSERVAT P.O. Box	I Resource	IVISION			NEC	1.89 VV stions PAPER	
DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410		Santa Fe, New Mexico 87504-2088 REQUEST FOR ALLOWABLE AND AUTHORIZA							NOV	27 '89	
I.		TO TRANSPORT OIL AND NATURAL GA					S Well AP	No		LA, OFFICE	
Operator ENERGY DEVELOPMENT CORPORATION								05-62070			
Address 1000 Louisian	a. Suite 2	2900. Ho	ouston,	Texas 77	002						
Reason(s) for Filing (Chec			ange in Tra			r (Please explai		chlo – W	laterflo	od	
New Well Recompletion		Oil	Þr	yĞas 🔲		n III not ion well	applic	abie - •	aleiiiu	bu l	
If change of operator give t		Casinghead C		500 Dalla	s. Suit	e 1800, H	louston,	Texas	77002		
and address of previous op				<u> </u>							
Lease Name	OF WELLIA	W	/eliNo.iPo	ol Name, lackdin vin Lakes	Formation - San At	ndres Ass	Kind of	Lease Fee	Lee	se No.	
TLSAU			. <u> </u>						West	•	
Unit Latter	F	:231	<u>0 </u>	et From The	orth Lin			t From The	<u>hebe</u>	Line	
Section 2	5 Towaship	85	R	28E	<u>, N</u>	rpm, Cha	ves			County	
III. DESIGNATIO	N OF TRANS	PORTER	OF OIL	AND NATU	Address (Gin	e address to wh	ich approved (copy of this for	m is to be sen	()	
Name of Authorized Tran	sporter of Oil		r Condensat		N/A						
Name of Authorized Tran	sporter of Casing	head Gas	•	Dry Gas	Address (Gin N/A	e oddress to wh	ich approved	copy of this joi		=)	
If well produces oil or liq give location of tanks.	tanks. N/A N/A N/A N/A				is gas actual N/A	y connected?	When	? N/A	N/A		
If this production is comm IV. COMPLETIO	ningled with that f	rom any other	lease or po	ol, give commingli	ing order aum	ber:				•	
[Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type o Date Spudded		Date Compt	Ready to P	rod.	Total Depth	L		P.B.T.D.			
Elevations (DF. RKB. R)	ations (DF, RKB, RT, GR, etc.) Name of Producing Formation					op Oil/Gas Pay			Tubing Depth		
Perforations									Depth Casing Shoe		
FERGENCE					CENENT	NG PECOR	0				
HOLE SI	 7F	TUBING, CASING AND CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT			
	<u> </u>				ļ				12-8-87		
								cha m			
									<u> </u>		
V. TEST DATA A	ND REQUE	ST FOR A		BLE [load oil and mus	t be equal to	r exceed top all	lowable for th	is depth or be	for full 24 hou	rs.)	
OIL WELL (7 Date First New Oil Run	To Tank	Date of Tel			Producing 1	Aethod (Flow, p	ump, gas lift,	etc.)			
Length of Test	<u>. </u>	Tubing Pressure		Casing Pressure		Choke Size					
Actual Prod. During Te	<u></u>	Oil - Bbis.			Water - Bb	Water - Bols.			Gas- MCF		
GAS WELL		 			.l				Condeneste		
Actual Prod. Test - MC	F/D	Length of Test			Bbis. Condensate/MMCF			Gravity of Condensate			
Testing Method (pilot, I	ack pr.)	Tubing Pressure (Shut-in)		Casing Pre	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.						OIL CONSERVATION DIVISION Date Approved Date Approved By ORIGINAL SIGNED BY MIKE WILLIAMS					
Signature <u>Michael M. Bauer</u> Printed Name 11-06-89 (713) 370-7392						TitleSUPERVISOR, DISTRICT II					
11-06-89 Date			(<u>/13)</u> Tele	phone 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.