P.O. Box 1980, Hobbs, NM 88240

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

OIL CONSERVATION DIVISION

ineigy, wincians and rattinal resources Department

P.O. Box 2088

AUG 3 1 1992

DISTRICT III	Santa Fe, New Mexico 87504-2088 O. C. D. SEP 1 8 1992									
1000 Rio Brazos Rd., Aztec, NM 87410	REQI	JEST FO	R ALLOWA	BLE AND	AUTHOR		inger Albeit	(O, C, D	e/	
I.		TO TRAN	ISPORT O	IL AND NA	TURAL G			CANAL CAN	ME U	
Operator Dunch lo Dottero	loum In		•			Well	API No.			
Pueblo Petro.	Teun, In	C. \			,				· · · · · · · · · · · · · · · · · · ·	
P. O. Box 8249	Roswell	, NM 882	02							
Reason(s) for Filing (Check proper box) New Well		a 1 m		[] Oil	her (Please exp	lain)				
Recompletion	Oii	Change in Tr	ransporter of:							
Change in Operator	Casinghea		ondensate							
If change of operator give name				· 						
and address of previous operator II. DESCRIPTION OF WELL	ANDIE	A CE								
Lease Name	ling Formation Kind			of Lease	- - 	.ese No.				
J P White D					k San Andres			Kiristi X Foo		
Location	. 3	3 O 17		1000	320			110 20		
Unit Letter	_ :2	<u>50</u> Fe	est From The	OUETH LIO	e and 33-C	<u>) </u>	eet From The	MES.	Line	
Section 20 Townshi	p 1(OS R	ange 281	E ,N	MPM, C	haves			County	
III. DESIGNATION OF TRAN	ISPORTE	R OF OIL	AND NATU	IRAL GAS						
Name of Authorized Transporter of Oil or Condensate				Address (Give address to which approved copy of this form is to be sent)						
Petro Source Partners LTD.					P. O. Box 1356 Dumas, TX 79029					
Name of Authorized Transporter of Casin	ghead Gas	or or	Dry Gas	Address (Giv	e address to wi	iich approved	l copy of this	form is to be se	int)	
If well produces oil or liquids,	Sec. Twp. Rge.		Is gas actually connected? When			17				
ive location of tanks.	101		OS 28E							
This production is commingled with that V. COMPLETION DATA	lrom any othe	er lease or pool	l, give comming	ling order numb	жег: <u>-</u>		 			
Designate Type of Completion	- (X)	Oil Well	Gas Well	New Well	Workover	Doepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Compl	. Ready to Pro	d.	Total Depth	<u></u>	L 	P.B.T.D.	L		
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation				Top Oil/Cas F	, ay		Tubing Depth			
			<u> </u>							
Perforations							Depth Casir	ig Shoe	•	
	T	UBING, CA	SING AND	CEMENTIN	NG RECOR	Ď	<u>.l</u> .			
HOLE SIZE	ING & TUBIN		DEPTH SET			SACKS CEMENT				
	ļ									
	<u> </u>				······································		 			
. TEST DATA AND REQUES	T FOR A	LLOWABI	LE .	l.,	·					
IL WELL (Test must be after re								or full 24 hour	7.)	
Date First New Oil Run To Tank	Date of Test			Producing Me	thod (Flow, pu	np, gas lift, e	ic.)			
.eagth of Test	Tubing Pressure			Casing Pressure			Choke Size			
Actual Prod. During Test	Oil - Bbis.			Water - Bbia.			Gas- MCP			
	<u></u>			<u></u>		<u> </u>	<u></u>			
GAS WELL	11 ===a = 32 =			Incl. Codes	AN ICT		I Omerica A C	ondensate.		
Actual Prod. Test - MCP/D	Length of To	est		Bbls. Condensate/MMCF			Gravity of Condensate			
esting Method (pitot, back pr.)	Tubing Press	wre (Shut-in)		Casing Pressure (Shut-in)			Choke Size			
I. OPERATOR CERTIFICA	ATE OF (COMPLIA	ANCE	<u> </u>					• •	
I hereby certify that the rules and regula	tions of the O	il Conservatio	a		IL CON	SERV	ATION I	DIVISIO	N	
Division have been complied with and to			OVE	il			5 9 1 40	.00		
is true and complete to the best of my k	nowede and) GIG.		Date	Approved	SE SE	h e T 16	192		
77 5 K		0	_							
Signature	- Mar	· ·		Ву	ORIGIN	AL SIGNE	n BA			
Gary L. Roya) Comptroller Printed Name Title				MIKE WILLIAMS Title SUPERVISOR, DISTRICT IF						
Printed Nume		Title	5	Title	20LEU/	HOUN, DI	J 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.
- with Rule 111.

 2) All sections of this form must be filled out for allowable on new and recompleted wells.

623–6133 Telephone No.

- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
 - A) Sensorte Form C-104 must be filed for each nool in multiply completed wells