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Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240

## State of New Mexico I gy, Minerals and Natural Resources Departr

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

**OIL CONSERVATION DIVISION** 

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator							Well	API NO.			
Donnelly Drilling Co	ompany							30-	-015 <b>-</b> 015	31	
Address											
P.O. Box 367 Car	rlsbad,	NM 8	8221-0	0367							
Reason(s) for Filing (Check proper box)					XX Othe	x (Please explo	zin)				
New Well		Change in	•				Chan	ge of Ad	dress		
Recompletion	Oil	<u>_</u>	Dry Gas	, 📙			CIIO.	ige of the	au CDD		
Change in Operator	Casinghe	ad Gas	Conden	sale							
If change of operator give name and address of previous operator										<u></u>	
II. DESCRIPTION OF WELL	AND LE	ASE									
Lease Name	Well No.   Pool Name, Include						of Lease				
F. W. & Y.		3	3 Aid Yates-Seven Rivers				State,	Federal or Fee 647		647	
Location											
Unit LetterB	_ :3	30	_ Feet Fro	m The	North Line	and165	<u> </u>	et From The	East	Line	
Section 25 Townshi	p 17		Range	28	, NI	ИРМ,			Eddy	County	
III. DESIGNATION OF TRAN	ICPADTI	ER OF O	II. ANI	NATII	RAL GAS						
Name of Authorized Transporter of Oil		or Conde		TIME	Address (Give	address to wh	uch approved	copy of this fo	orm is to be se	ent)	
Navajo Refining Co	XX)				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 Casin	ghead Gas	<del></del>	or Dry	Gas 🗍	Address (Give	address to wh	ich approved	copy of this fo	orm is to be se	ent)	
	<b>-</b>									•	
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	ls gas actually	connected?	When	?			
If this production is commingled with that	from any ot	her lease or	pool, giv	e comming	ling order numb	per:					
IV. COMPLETION DATA		Oil Well	1   0	as Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion	_,	_i	i_		<u>i                                     </u>		İ	<u>i                                     </u>	i	<u>i                                     </u>	
Date Spudded	Date Com	ipi. Ready u	o Prod.		Total Depth			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth				
Perforations					1			D. d. Co. la Cha			
remorations								Depth Casin	g Snoe	,	
		TIDING	CASIN	IC AND	CEMENITIN	IC DECOD	D	<u>.</u>			
TUBING, CASING AND HOLE SIZE CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT				
TIOLE SIZE	-	CONTO & TO	ODING O	122	<del> </del>	DEF IN GET	· · · · · · · · · · · · · · · · · · ·		SACIO OLIVI		
	1	<del></del>							······································		
	1										
V. TEST DATA AND REQUES	T FOR	ALLOW	ABLE								
OIL WELL (Test must be after r	ecovery of t	otal volume	of load o	il and must	<del>,</del>				for full 24 hou	rs.)	
Date First New Oil Run To Tank	Date of Te	est			Producing Me	thod (Flow, pu	mp, gas lift, e	etc.)			
I amake of The a	<u> </u>								lo i e'-		
Length of Test	Tubing Pr	essure			Casing Pressur	re		Choke Size			
Actual Prod. During Test	Oil - Bbls	<del></del> -			Water - Bbls.			Gas- MCF			
	Oil - Bois.	•			viator - Dola			Cas Mci			
CACWELL	<u>.i</u>					• • • • • • • • • • • • • • • • • • • •		1			
GAS WELL Actual Prod. Test - MCF/D	I anoth of	Tast			Thus Court	4 n 400		T 25 2 25	· <del>·······</del>		
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	<del></del>	<del></del>		
						G.C.S. Dizz					
VI. OPERATOR CERTIFIC	ATE OF	COMP	PITAN	CF	<u> </u>			<u> </u>		······································	
I hereby certify that the rules and regula				CL	∥ C	IL CON	SERV	1 NOITA	DIVISIO	N	
Division have been complied with and that the information given above											
is true and complete to the best of my le	mowledge a	nd belief.			Data	Δηηγουρί	4	<b>JUN</b> 25	1990		
4	0 1	1			Dale	Approved		01000			
florg (hase						ORICINAL SIGNED BY  MIKE WILLIAMS					
Signature George Chase Operator					By		SUPERVIC	<u>LIAMS</u> SOR, DISTI	DIOT 15		
George Chase Printed Name		operac	Title			`	L PIVAIS	, UIS	KICT I		
June 25, 1990	(505)	887-51	66		Title_	<del> </del>		<del></del>			
Date		Tele	phone No								
					<u> </u>			<del></del> _			

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.

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	U.S.G.S.	AND AND AND NATURAL GAS AND TO TRANSPORT OIL AND NATURAL GAS AND TO THE								
1	TRANSPORTER 10. 1/		į.	2						
	OPERATOR /		6. 							
Ñ.,	PRORATION OFFICE	tana da sa	A.83	en e						
	Donneily Drilli	ng Company	en e	in the self-region of the self-r						
	Box 433	rtesia, New Mexico	88210							
	Reason(s) for filling 11 to 1997 1202. New Well	en e	Other (Please explain)	Burnion						
	Recompletion	OL Structure Control of Control	Change from Permian							
	if change of ownership give assess and address of premising North									
11.	DESCRIPTION OF WELL AND	i (n. 1885) 1 ann an Taoine (n. 1885) an Francisco Francisco (n. 1885)	ormation   Kind of Leas	se Lease No 1						
	F.W. & Y	std Yates-Se	evan Rivers State, Fader	alcofee State 647						
		30 14 65 - N Lin	ne and 1650 Feet From	The E						
	(ine of Section 25	.s. <u>sp. 17</u> sange	28 , <sub>NMPM</sub> ,	Eddy County						
HI.	DESIGNATION OF TRANSPORT	TUR OF OIL AND NATURAL GA	AS  Address Core address to which appre	oved cary of this form is to be sent)						
	Navajo Crude Oil	Purchasing Co.	Address (Give address to which approved copy of this form is to be sent)							
	Name of Authorized Chargares it is	single-ord Cos or Oth No.	Artesia, New Mexi							
	If well produces are or classificative location of tanks.	A 25 17 28	is gas actually connected? Wi	hen						
	If this production is commingled with	th that from any other lease or pool,	give commanging order number:							
IV.	Designate Type of Complete	(	New Well Workover Deepen	Flug Barx Same Resty, Diff. Resty						
	Date Spudded	poste Comp., Herdy to Prod.	Total Depth	P.B.T.D.						
	Flavortions (DE RKE R) 127 mas	Name of Figure in a Flur office.	Top Od/Gas Pay	Tubing Depth						
				Depth Casing Shoe						
	Perforations									
	HOLE SIZE	TUBING, CASING, AND CEMENTING RECORD  HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT								
V.	TEST DATA AND REQUEST F			l and must be equal to or exceed top allow						
	ON. WELL. Date First New Oil Hun To Tunks	Date of Test	epth or be for full 24 hours)  Froducing Method (Flow, pump, gas i	lift, etc.)						
	Length of Test	Tubing Stass its	Casing Pressure	Choke Size						
	Actual Prod. During Test	ON - Br. a-	Water - Bola.	Gas - MCF						
	GAS WELL Actual Prod. Test-MCF/D	Length of Peak	Bhis. Condensate/MMCF	Gravity of Condensate						
	Testing Method (pitot, back )	Tiping Flore de (Shrt-in)	Coming Prassure (Shut-im)	Shoke Size						
VI.	CERTIFICATE OF COMPLIAN	CE	OIL CONSERVATION COMMISSION							
	I hereby certify that the rules and	regulations is the Col Conservation	APPROVED , 19							
	above is true and complete to an	with and that the information given a near of top to take tige work belief.	BY W.a. Grossett							
			FITLE							
		na Hael	This form is to be filed in compliance with RULE 1104.  If this is a request for allowable for a pawly drilled or despend well, this form must be accompanied by a tabulation of the deviation rests taken on the well in accordance with #ULE 111.  All sections of this form must be filled but completely for allowable at new and recompleted wells.  Fill out only Sections I. II. III, and VI for changes of owner.							
		attre								
	The state of the s	Set								
	J-JU-(J	· •	well name or number, or transpo	orter, or other such change of condition is the filled for each pool in multiply						