STATE OF NEW MEXICO			Form C-10 Revised 10	4 0-1-78		
RGY AND MINERALS DEPARTMENT	OIL CONSERVA		N	,		
DISTRIBUTION	RECEIVED BYANT FE, NEW	K 2088 MEXICO 87501				
	SANTA FE, NEW	MEXICO DIDO!	•			
U.S.U.S.	T -9 1986 REQUEST FOR ALLOWABLE					
AND AND						
OPERATOR AI	RTESIAUTHORIZATION TO TRANSP	ORT OIL AND NATU	RAL GAS			
PROPATION OFFICE		. /		~		
ARMSTRONG E	NERGY CORPORATION	/		<u></u>		
Address DO RAY 197	3 ROSWERL, NEW ME	x100 88201				
Resson(s) for filing (Check proper box)	///	Other (Please LECE/Vi	IL ISATER	LACODA RESPO	USE.	
New Well	Change in Transporter of: Oil Dry Gas		CHANGE	OF ALCOWABLE	-70 20	
Recompletion	Casinghead Gas Condens					
If change of ownership give name and address of previous owner						
A CONTRACT OF WELL AND	FASE				Leese No.	
DESCRIPTION OF WELL AND	matt lan' Lant transf matters		Kind of Lease State, Federal	a For FEDERAL	12-061638	
E. HI LONGJOME FED	6 HIGH LONESO					
Location A . Cold	0 Feet From The NORTH Line	and <u>660</u>	Feet From T	WEST		
·					County	
Line of Section /3 Ton	mship 16-5 Range	29-Е, МАРМ	. ED	<u> </u>		
DESIGNATION OF TRANSPORT	ER OF OIL AND NATURAL GAS	S Add:ess (Give address)	- which approve	ed copy of this form is t	o be sentj	
None of Authorized Transporter of Oll		Asid: ess (Give address	9 ALTES	A.NM 88.	2/2	
NAVA JO REFINING CA	DIPERINE DIY.	POBOX 15 Address (Give address	to which approv	ed copy of this form is t	o be sent)	
Name of Authorizog Transporter of Coo			ed 2 When			
if well produces oil or liquids,	Unit Sec. Twp. Rge.	is gas octually connector	•d7 i •			
cire location of tarks.	A 14 165 296	rive commingling order	r number:			
If this production is commingled wit COMPLETION DATA	h that from any other lease or pool, g		Deepen	Plug Beck Same Res	tv. Dul. Restv.	
Designate Type of Completio	Oil Well Gas Well	New Well Workover	1		•	
Date Spudded	Date Compl. Ready to Prod.	Total Depth		P.B.T.D.		
					Tubing Depth	
evalions (DF, RKB, RT, CR, etc.) Name of Producing Formation		Top Oll/Gas Pay				
Perforations				Depth Casing Shoe		
		CEMENTING RECOR	2D			
TUBING, CASING, AND		DEPTH SET		SACKS CEMENT		
HOLE SIZE	CASING D VICE					
	<u> </u>					
TEST DATA AND REQUEST FO	DR ALLOWABLE (Test must be of	ter recovery of socal volu	me of load oil a	ind must be equal to or i	szcesé tep allou -	
OIL WELL	able for this dep Date of Test	pth or be for full 24 hours Producing Method (Flow	v, pump, gas life	i, elc.)		
Date First New Oil Run To Tanks	10-6-86 to 10-7-86	PUMP		Choke Size		
Length of Test	Tubing Pressure	Casing Pressure		2 "		
24 HLS. Actual Pred. During Test	20 #	Water-Bbis.		Gas-MCF		
Actual Pred. During Test 220 BFPD	20	200		TSTM		
				•		
GAS WELL	Length of Test	Bble. Condensate/MMC	F	Gravity of Condensate		
Actual Pres. Test-MCF/D			-1 m \	Choke Size		
Testing Method (pitol, back pr.)	Tubing Pressure (Shat-1m)	Casing Pressure (Shut	,- j			
			ONSERVAT	ION DIVISION		
CERTIFICATE OF COMPLIAN	-E		OCT 14		19	
I hereby certify that the rules and regulations of the Oil Conservation		APPROVED Original Signed By				
I hereby certify that the rules and regulation that the information given Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.		BY Los A. Clements				
•	TITLE Supervisor District II					
		This form is to be filed in compliance with RULE 1164. If this is a request for allowable for a newly drilled or despended of this is a request for allowable for a newly drilled or despended.				
Thoms Inon		If this is a request for allowable for a newly dratter of the deviation				
(Signature)		tests taken on the well in provide the filled out completely for allow-				
(Tule)		able on new and recompleted workers a tri for chapter of owner.				
DETOBER						
(Date)		Fill out only Sections I, II, III, and Vi do Change of condition. well name or number, or transporter, or other such change of condition. Sector Forms C-104 must be filed for each pool in multiply				

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