Submi: 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

RECEIVED

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

OIL CONSERVATION DIVISION P.O. Box 2088

JUL 1 0 1991

DISTRICT III

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

Santa Fe, New Mexico 87504-2088

O. C. D.

I. Operator	RE(QUEST I	FOR A	LLOW, ORT C	ABLE AND	AUTHO!	RIZATIO BAS	N ARTESIA.	OFFIC:		
Operator Vintage Drilling C	lo.					·· ·		ell API No.			
Address											
P.O. Box 158, Loco	Hills, NM	88255									
Reason(s) for Piling (Check proj	per bax)				D K	her (Please ex	nlain)				
New Well		Change i	in Transpo	_			•	Armstrong	Thora	r Corn	
Change in Operator	Oil Caringh	L read Gas	J Dry Ga		7/1/		ou iiom	WI WEST OW	1 meral	, corb.	
If change of operator give name			Conden		<u> </u>			····			
and address of previous operator			gy Cor	porat	ion, P.O.	Box 19	73, Rosi	well, NM	88201		
II. DESCRIPTION OF V	VELL AND LI										
E. High Loneso	me Fed					luding Formation				Lease No.	
Location	ne rea.	13	<u> </u>	igh L	onesome (ueen	> 9 48	ię, Federal okike	erv I	-061638	
Unit LetterE	:	1980	_ Feet Pro	ca The _	North Lin	e and66	50	Feet From The	West	;	
Section 14	Township 16S	5	Range	29E	, N	мрм,	Eddy			L County	
II. DESIGNATION OF Name of Authorized Transporter of	TRANSPORTI	ER OF O	IL AND	NATI	JRAL GAS						
Navajo Refining Co	* Oil 🔯	or Conden) sale _		Address (Giv	e address so w	hich approv	ed copy of this fo	rm is to be s	ent)	
Name of Authorized Transporter of	Casinghead Gas	ghead Gas or Dry Gas				DOX 139,	AI CEST	a, IVM 00210			
		L	or Diy G	•••	Address (Giv	e address 10 w	hich approve	ed copy of this fo	rm is to be s	ent)	
well produces oil or liquids, ve location of tanks.	Unit	Sec.	Twp.	Rge.	ls gas actually	Connected?	Whe	n ?			
	A	14	16S	205	N.O.		***	14			
this production is commingled with COMPLETION DATA	un unat from any où A	her lease or I	pool, give	comming	ling order numb	er:			 		
		Oil Well	G	Well	New Well						
Designate Type of Compl		j	i	M CII	I New Well	Workover	Doepen	Plug Back	Same Res'v	Diff Res's	
ate Spudded	Date Comp	pl. Ready to	Prod.	 ,	Total Depth		L	P.B.T.D.			
evations (DF, RKB, RT, GR, etc.)	Name of B	N- 6									
					Top Oil/Gas P	y		Tubing Depth			
rforations											
						•		Depth Casing	Shoe		
HOLE SIZE	T	UBING, (CASING	AND	CEMENTIN	G RECORI	<u> </u>	<u> </u>			
- MOCE OILE	CAS	CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT			
											
						·					
TEST DATA AND DEC	LIEGT FOR						·	 			
TEST DATA AND REQ L WELL (Test must be	Mer recovery of tex	LLOWAI	BLE					·L		·	
te First New Oil Run To Tank	Dale of Test	ai voiume of	load oil a	nd musi b	e equal to or ex	ceed top allow	vable for this	depth or be for	full 24 hours	.)	
				1	Producing Meth	od (Flow, pur	φ, gas lift, e	(c.)	1		
ngth of Test	Tubing Press	Tubing Pressure				Casing Pressure			Choke Size 7-12-91		
ual Prod. During Test			·					7-12-91			
Oil - Bbls.				1	Vater - Bbis.			Gas-MCF CAL OF			
AS WELL										-,	
ual Prod. Test - MCF/D	Length of Te	<u>ai</u>									
		-			Bbls. Condensate	MMCF		Gravity of Cond	ensale		
ng Method (pitot, back pr.)	Tubing Press	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size		
A					•	·		CHOKE SIZE			
OPERATOR CERTIF	TCATE OF C	COMPLI	ANCE								
hereby certify that the rules and r bivision have been complied with	egulations of the Oi	1 Canaana			Oll	L CONS	SERVA	TION DI	VISION	1	
true and complete to the best of	and that the information my knowledge and i	auon given a belief.	bove				1111 1	a 1991		•	
1 · · ·	\ ,				Date A	pproved	AAF T	J			
Thant	Justan	m_			'						
gasture arie E. Durham Agent					By ORIGINAL SIGNED BY						
led Name Title					MIKE WILLIAMS SUPERVISOR, DISTRICT IF						
7/10/91	(50	5) 748-	-2941		Title	· · · · · · · · · · · · · · · · · · ·	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	I I JINIE	·		
245	·- 	Telephor	ne No	- 11		4 (

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
- 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

