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

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

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

**State of New Mexico**
Energy, Minerals and Natural Resources Department

# OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

RECEIVED

JUL 1 0 1991

O. C. D.
ARTESIA, OFFICE

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

## REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

**I.**

| Operator | Well API No. |
|---|---|
| Vintage Drilling Co. | |

Address: P.O. Box 158, Loco Hills, NM 88255

**Reason(s) for Filing (Check proper box)**

New Well ☐
Recompletion ☐
Change in Operator ☒

Change in Transporter of:
Oil ☐
Casinghead Gas ☐
Dry Gas ☐
Condensate ☐

Other (Please explain) ☒
Owner changed from Armstrong Energy Corp. 7/1/91

If change of operator give name and address of previous operator: Armstrong Energy Corporation, P.O. Box 1973, Roswell, NM 88201

## II. DESCRIPTION OF WELL AND LEASE

| Lease Name | Well No. | Pool Name, Including Formation | Kind of Lease State, Federal or Fee | Lease No. |
|---|---|---|---|---|
| Davis Federal | 6 | High Lonesome Queen | Federal X | Lc-068677 |

Location

Unit Letter __C__ : __660__ Feet From The __North__ Line and __1980__ Feet From The __West__ Line

Section __15__ Township __16S__ Range __29E__ , NMPM, __Eddy__ County

## III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

| Name of Authorized Transporter of Oil [X] or Condensate ☐ | Address (Give address to which approved copy of this form is to be sent) |
|---|---|
| Navajo Refining Company | P.O. Box 159, Artesia, NM 88210 |
| Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐ | Address (Give address to which approved copy of this form is to be sent) |

| If well produces oil or liquids, give location of tanks. | Unit | Sec. | Twp. | Rge. | Is gas actually connected? | When ? |
|---|---|---|---|---|---|---|
| | D | 15 | 16S | 29E | No | |

If this production is commingled with that from any other lease or pool, give commingling order number: _____

## IV. COMPLETION DATA

| Designate Type of Completion - (X) | Oil Well | Gas Well | New Well | Workover | Deepen | Plug Back | Same Res'v | Diff Res'v |
|---|---|---|---|---|---|---|---|---|

| Date Spudded | Date Compl. Ready to Prod. | Total Depth | P.B.T.D. |
|---|---|---|---|
| Elevations (DF, RKB, RT, GR, etc.) | Name of Producing Formation | Top Oil/Gas Pay | Tubing Depth |
| Perforations | | | Depth Casing Shoe |

### TUBING, CASING AND CEMENTING RECORD

| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |

## V. TEST DATA AND REQUEST FOR ALLOWABLE

**OIL WELL** (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.)

| Date First New Oil Run To Tank | Date of Test | Producing Method (Flow, pump, gas lift, etc.) | |
|---|---|---|---|
| Length of Test | Tubing Pressure | Casing Pressure | Choke Size _Posted ID-3_ _7-12-91_ |
| Actual Prod. During Test | Oil - Bbls. | Water - Bbls. | Gas- MCF _6 kg 0P_ |

**GAS WELL**

| Actual Prod. Test - MCF/D | Length of Test | Bbls. Condensate/MMCF | Gravity of Condensate |
|---|---|---|---|
| Testing Method (pilot, back pr.) | Tubing Pressure (Shut-in) | 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.

Signature: _Marie E. Durham_

Printed Name: Marie E. Durham   Title: Agent

Date: 7/10/91   Telephone No.: (505) 748-2941

**OIL CONSERVATION DIVISION**

Date Approved JUL 1 0 1991

By ORIGINAL SIGNED BY
MIKE WILLIAMS

Title SUPERVISOR, DISTRICT II

**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.