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

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

OIL CONSERVATION DIVISION JUL 1 0 1991

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

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

DISTRICT III

P.O. Box 2088 Santa Fe, New Mexico 87504-2088

O. C. D.

1000 Rio Brazos Rd., Aztec	NM 87410	REQ	JEST FO	R AL	LOWAI	BLE AND	AUTH	ORIZ		, CYHCZ				
I. TO TRANSPORT OIL AND NATURAL GAS Operator										I WAII ADINI				
Vintage Drilling Co.									Well	Well API No.				
Address V				· - · · · · · · · · · · · · · · · · · ·		·			1			P No		
P.O. Box 15		Hills,	NM 88	255										
Reason(s) for Filing (Check New Well	proper box)		O !-	T	c		ner (Please	•	•					
Recompletion]	Oil	Change in	Dry Gas				ged	from A	rmstrong :	Energy C	orp.		
Change in Operator	ā	Casinghe	_	Conden	_	7/1,	/91							
If change of operator give mand address of previous oper	me ator Armst	trong E	nergy C	orpoi	ration	, P.O. B	ox 197	3, R	oswell	, NM 882	01			
•														
. DESCRIPTION OF WELL AND LEASE ease Name Well No. Pool Name, Including						ing Formation K				of Lease No.				
High Lonesom								Federal de Fée NM05523						
Location						_								
Unit Letter	T	_ :231	.0	Feet Pro	om The	South Li	e and	16	550 . F	eet From The	East	Line		
Section 15	Township	165		Range	29E	N	мрм,		Eddy			Country		
15	10	105		Kauge	234		MEN,			· # · · · · · · · · · · · · · · · · · ·		County		
III. DESIGNATION		SPORTE			NATU							·		
Name of Authorized Transporter of Oil or Condensate							Address (Give address to which approved copy of this form is to be sent) P.O. Box 159, Artesia, NM 88210							
Navajo Refining Company 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 liquid give location of tanks.	is,	Unit		Twp.	Rge.	Is gas actual	y connect	ed?	When	1 7				
If this production is comming	alad writh that (G	15	16S	29E	No	· · · ·		i					
IV. COMPLETION		ioni any ou	eriesse or p	ooi, give	s commung.	ing ones mm	oer:		···					
The desired of the second of		<i>a</i> s	Oil Well	G	as Well	New Well	Workov	er	Deepen	Plug Back S	ame Res'v	Diff Res'v		
Designate Type of C	ompletion .	· ·	1	_!	······································	1	<u>l</u>		<u> </u>			Ĺ		
Date Spudded	•	Date Com	pl. Ready to	PTOG.		Total Depth				P.B.T.D.				
Elevations (DF, RKB, RT, G	Name of Producing Formation				Top Oil/Gas Pay				Tubing Depth					
	<u> </u>													
Perforations							•			Depth Casing	Shoe			
			TIBING.	CASIN	G AND	CEMENTI	NG REC	(18C)		<u> </u>				
HOLE SIZE	TUBING, CASING AND CASING & TUBING SIZE				DEPTH SET				SACKS CEMENT					
		!								 				
			·							 				
V. TEST DATA ANI	REQUES	T FOR A	LLOWA	BLE						<u> </u>				
				f load oi	l and must					s depth or be for	full 24 hours.)		
Date First New Oil Run To	1 auk	Date of Te	SI.			Producing Me	ethod (Flo	w, рилц	o, gas lift, d	elc.)	~ *	/ -a 2		
Length of Test	Tubing Pressure				Casing Pressure				Choke Size	Postla	1 10-3			
-														
Actual Prod. During Test	Oil - Bbis.				Water - Bbis.				Gas- MCF CAG OF					
						L				<u> </u>				
GAS WELL Actual Prod. Test - MCF/D		Length of	r			Bb1- 21	- A B 12			18 1		,		
Accuse Floor Total - IVICE/D	Length of Test				Bbls. Condensate/MMCF				Gravity of Condensate					
Testing Method (pitot, back p	¥.)	Tubing Pre	ssure (Shut-i	n)		Casing Press.	ire (Shut-ii	n)		Choke Size				
VI. OPERATOR C	ERTIFICA	ATE OF	COMPI	LIAN	CE) II O	ONIC) III II (ATION D	" "0101			
I hereby certify that the rules and regulations of the Oil Conservation						OIL CONSERVATION DIVISION								
Division have been complied with and that the information given above is true-and complete to the best of my knowledge and belief.						Date Approved JUL 1 0 1991								
M \ . r \ \ \							Appro	oved						
11 Jaket Dusham						D. OBIOLIA -								
Signature Marie E. Durham Agent						By ORIGINAL SIGNED BY MIKE WILLIAMS								
Printed Name Title						Title SUPERVISOR, DISTRICT IS								
7/10/91 (505) 748 - 2941							LITTIE THE THE THE THE THE THE THE THE THE TH							

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.

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