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

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

OIL CONSERVATION DIVISION

See Instructions

DISTRICT II P.O. Drawer DD, Artesia, NM 88210	OI.	_	P.O. Bo						c151/			
DISTRICT III		exico 8750	4-2088		J	AN 5	1994	h1	$\mathcal{D}$			
1000 Rio Brazos Rd., Aztec, NM 87410  I.	REQUEST FOR ALLOWABLE AND AUTHORIZATO TRANSPORT OIL AND NATURAL GAS							· *		9	1	
Operator							Well A		1600			
ROYAL OIL LTD. CC	). <i>U</i>						30	015038	1600			
	BBS, NE	W MEX	ICO 88	240					·			
Reason(s) for Filing (Check proper box)				Oth	x (Please e	cplair	)					
New Well	Char Oil		asporter of:									
Change in Operator	Casinghead Gas		adeasate							<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>		
If change of operator give name and address of previous operator	R. ERICK	SEN	·0. 80)	1100,	HOBB:	<del>S ,</del>	NEW M	EXICO	88240	L		
II. DESCRIPTION OF WELL	AND LEASE	T	FG	Fnt	ero	) r	isl	j				
Lease Name TRACT		ng Formation	Formation Kind of									
EAST HENSHAW UNIT	6	1	SHAW GRAYBURG '					NM 0	640/	_ A		
Location Unit Letter M	. 4642	Fee	at From The	NLine	and	660	) Fe	et From The	W		Line	
Unix Detter										Cou	ats:	
Section 1 Township	165	Ra	nge 30 E	, NI	MPM,	EL	DDY			Cou	ny	
III. DESIGNATION OF TRAN	SPORTER C	F OIL	AND NATU	RAL GAS				e e e e e e e e e e e e	former in to the			
Name of Authorized Transporter of Oil		Condensate		Address (GIV					form is to be s		882	
NAVAJO REFINING CO Name of Authorized Transporter of Casing					P.O. BOX 159, ARTE				form is to be s	ent)	1102	
Name of Authorized Transporter of Caming									<del></del>	<del></del>		
If well produces oil or liquids, give location of tanks.	Unit Sec.	:	•	Is gas actuall	y connected	17	When	7				
If this production is commingled with that i	K 1			ing order num	ber:							
IV. COMPLETION DATA		•						Dies Beek	Same Res'v	Diff R	les'v	
Designate Type of Completion		i Well	Gas Well	New Well	Workove	r   	Deepen	Plug back	Salie Res V			
Date Spudded	Date Compl. Re	sady to Pro	Total Depth				P.B.T.D.	P.B.T.D.				
Elevations (DF, RKB, RT, GR, etc.)	Name of Produc	ing Forms	Top Oil/Gas	Top Oil/Gas Pay				Tubing Depth				
	<u> </u>				Depth Casing Shoe							
Perforations								<u> </u>				
	CEMENTING RECORD				SACKS CEMENT							
HOLE SIZE	CASING	3 & TUBII	DEPTH SET				SACKS CLINETY					
							<del> </del>					
THE PART AND PROJECT	ET FOR ALL	OWAR	LE	1								
V. TEST DATA AND REQUES OIL WELL (Test must be after t	ecovery of total	polume of l	oad oil and mus	s be equal to o	exceed top	allo	vable for the	s depth or be	for full 24 ha	ners.)		
Date First New Oil Run To Tank	Date of Test		Producing Method (Flow, pump, gas lift, e				eic.)	rested ID 3				
	Tubing Pressure			Casing Pressure				Choke Size	Choke Size 7 1.14 94			
Length of Test	Tubing Trees.	Tubing Freshie								<u>/                                    </u>	<del></del>	
Actual Prod. During Test	Oil - Bbis.		Water - Bbls.				Gas- MCF	City	af			
GAS WELL Actual Prod. Test - MCF/D	Length of Test		Bbis. Condensate/MMCF  Casing Pressure (Shut-in)				Gravity of	Condensate				
Actual Flore Total		•					Choke Size					
Testing Method (pitot, back pr.)	Tubing Pressur	re (Shut-in	Cating Pres	BUIE (SILVE-1	.,							
TOP (TPTIEI)	TATE OF C	OMPI	IANCE		<u> </u>		CEDV	ATION	DIVISI	ON		
VI. OPERATOR CERTIFIC	dations of the Oil	Conserval	100		OIL C	ON	SERV	AHON	DIVISI	OIV		
mission have been complied with and	i that the informa-	NOT STAFF	above	Det	a Annr	3V/0	d :	JAN 11	1994			
is true and complete to the best of my  ROYAL OLL J.D. C				ii Dat	a whhic	J <b>V C</b> 1	u					
KUTAL OLLAND. CO												
Signature AGENT					BySUPERVISOR, DISTRICT II  Title							
W. R. ERICKSEN Printed Name		7	ide	Title	9							

- 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

505-3 Telephone No

- 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.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.