

OIL CONSERVATION DIVISION

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

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

RECEIVED

OCT - 9 1991

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

O. C. D.
ARTESIA OFFICE

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

I. ZIA Enterprises

Operator <u>FRED G. JONES (dba ZIA Enterprises)</u>	Well API No. <u>1330-015-03904</u>
Address <u>P.O. Box 1306, Artesia NM 88210</u>	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Operator <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
If change of operator give name and address of previous operator <u>George E. Locker dba KAY-JAY OIL CO. P.O. Box 2436 Midland TX</u>	

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>S.W. Henshaw Premier</u>	Well No. <u>13</u>	Pool Name, Including Formation <u>W. Henshaw Grayberg</u>	Kind of Lease State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Fee	Lease No. <u>NM0610</u>
Location				
Unit Letter <u>0</u>	<u>660</u>	Feet From The <u>5</u>	Line and <u>1980</u>	Feet From The <u>E</u>
Section <u>18</u>	Township <u>16-S</u>	Range <u>30-E</u>	NMPM, <u>Edley</u>	County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <u>NAVAJO Ref</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 159 Artesia NM</u>	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	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 <u>F</u>	Sec. <u>17</u>
	Twp. <u>16-S</u>	Rge. <u>30-E</u>
	Is gas actually connected? <input type="checkbox"/> When?	

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 <input type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v <input type="checkbox"/>	Diff Res'v <input type="checkbox"/>
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Deviations (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 <u>Post ID-3</u> <u>10-18-91</u> <u>chp</u>

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
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

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 Fred G. Jones
Printed Name FRED G. JONES Title
10-8-91 505-746-6100
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved OCT 10 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.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.