

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

RECEIVED

JUL 12 1982

J. Cleo Thompson

O. C. D.  
ARTESIA, OFFICE

4500 Republic Bank Tower, Dallas, Texas 75201

Other (Please explain)

Reason(s) for filing (Check proper box)

Low Well ☐ Change in Transporter of:  
Oil ☐ Dry Gas ☐  
Recompletion ☐ Oil ☐ Condensate ☐  
Change in Ownership ☒ Casinghead Gas ☐

change of ownership give name and address of previous owner Newmont Oil Company, P. O. 1305, Artesia, New Mexico 88210

DESCRIPTION OF WELL AND LEASE

Lease No. ETZ 111 Well No. 3 Pool Name, Including Formation Injection Sq Lake A-5A Kind of Lease State, Federal or Fee Lease No. REC NM 02427

Location Unit Letter E : 660 Feet From The N Line and 1980 Feet From The E Line of Section 34 Township 16-S Range 30E , NMPM, Eddy County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐ Address (Give address to which approved copy of this form is to be sent) North Freeman, Artesia, New Mexico  
Navajo Refining Co., Pipeline Division

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? No When

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

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

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 Tanks 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

1. 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.

Agent Deis Connolly (Signature)  
7-7-82 (Date)

OIL CONSERVATION DIVISION

APPROVED JUL 14 1982, 19

BY Mike Williams OIL AND GAS INSPECTOR

TITLE  
This form is to be filed in compliance with RULE 1104.  
If this is a request for allowable for a newly drilled or deeper well, this form must be accompanied by a tabulation of the deviat tests taken on the well in accordance with RULE 111.  
All sections of this form must be filled out completely for all able on new and recompleted wells.  
Fill out only Sections I, II, III, and VI for changes of own well name or number, or transporter, or other such change of condit  
Separate Forms C-104 must be filed for each pool in mult completed wells.