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

State of New Mexico Energy, Minerals and Natural Resources Department

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

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

OIL CONSERVATION DIVISION P.O. Box 2088

RECEIVED

DISTRIC	ш				
1000 Rio I	Brazos I	ld. A	ziec. N	MI I	37410

Santa Fe, New Mexico 87504-2088 JUL 1 0 1991 REQUEST FOR ALLOWABLE AND AUTHORIZATION O. C. D. TO TRANSPORT OIL AND NATURAL GAS ARTESIA, CFFICT Operator Well API No. <u>Vintage Drilling Co.</u> P.O. Box 158, Loco Hills, NM Reason(s) for Filing (Check proper box) Other (Please explain) New Wall Change in Transporter of: Owner changed from Armstrong Energy Corp. Recompletion Dry Gas Oil Change in Operator Casinghead Gas Condensate If change of operator give name and address of previous operator Armstrong Energy Corporation, P.O. Box 1973, Roswell, NM II. DESCRIPTION OF WELL AND LEASE Lease Name Well No. Pool Name, Including Formation Kind of Lease Lease No. High Lonesome Fed. 29 High Lonesome Queen State, Federal ox Reex 061638 Location 825 Feet From The North Line and 1295 Unit Letter West Feet From The Line Township . 16S Range 29E Eddy , NMPM County III. 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)
P.O. Box 159, Artesia, NM 88210 X Pipeline Div. Navajo Refining Company Name of Authorized Transporter of Casinghead Gas Address (Give address to which approved copy of this form is to be sent) or Dry Gas If well produces oil or liquids, give location of tanks. Unit Twp. Sec Rge. is gas actually connected? When? 16S | 29E 14 Α No If this production is commingled with that from any other lease or pool, give commingling order numbers IV. COMPLETION DATA Oil Well Gas Well New Well | Workover Deepen Designate Type of Completion - (X) Plug Back | Same Res'v Date Spudded Date Compl. Ready to Prod. Total Depth P.R.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 (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 Producing Method (Flow, pump, gas lift, etc.) Date of Test Length of Test **Tubing Pressure** Casing Pressure Choke Size Actual Prod. During Test Oil - Bbls. Water - Bbls. **GAS WELL** Actual Prod. Test - MCF/D Length of Test Bbls. Condensate/MMCF Gravity of Condensate Testing Method (pitot, back pr.) Tubing Pressure (Shut-in) Casing Pressure (Shut-in) Choke Size VI. OPERATOR CERTIFICATE OF COMPLIANCE OIL CONSERVATION DIVISION

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 Agent

Printed Name

Date

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

Date Approved JUL 1 0 1991

ORIGINAL SIGNED BY By. MIKE WILLIAMS

SUPERVISOR, DISTRICT IF Title_

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.

Title

3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number or other such changes

