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DISTRICT I O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

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DISTRICT II P.O. Drawer DD, Astenia, NM \$8210

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

MAY 24 19

See Instruct at Bottom e	ions f Page	a,	27
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DISTRICT III 1000 Rio Benzos Rd., Aziec, NM 87410 C. L. D. REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS Well API No. Operator 30-015-22418 TOMSCO Energy P.O. Box N, Artesia, New Mexico 88210 X Other (Please explain) Reson(s) for Filing (Check proper box) Change in Transporter of: New Well Change well name from the Empire Abo \Box Dry Gas Unit "H" 331 to the Lara Michelle #3. Recompletion Caninghead Gas Condensate X Change in Operator Arco Oil & Gas Company, P.O. Box 1710, Hobbs, New Mexico 88241 II. DESCRIPTION OF WELL AND LEASE Less No. Kind of Lease Well No. Pool Name, Including Formation Lance Name State, Federal or Fee B-2071 Artesia Q G SA Lara Michelle Feet From The South Line and 1200 Feet From The West 1000 Unit Letter __ 34 Township 17S Eddy County 28E , NMPM, Range III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Oil or Condensate XP.O. Box 159, Artesia, New Mexico 88210 Navajo Refining Company Address (Give address to which approved copy of this form is to be sent) or Dry Gas Name of Authorized Transporter of Casinghead Gas \square P.O. Box 5050, Bartlesville, OK 74005 GPM Gas Corporation Rge. is gas actually connected? Twp. When ? If well produces oil or liquids, لندنا Sec give location of tanks. <u>19</u>85 Yes 34 17 28 If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA New Well Workover Deepea Plug Back Same Res'v Oil Well Gas Well Designate Type of Completion - (X) Total Depth PR.T.D. Date Compl. Ready to Prod. Date Spudded Top Oil/Gas Pay Tubing Depth Name of Producing Formation Elevations (DF, RKB, RT, GR, etc.) Depth Casing Shoe Perforations TUBING, CASING AND CEMENTING RECORD SACKS CEMENT CASING & TUBING SIZE HOLE SIZE nt ID-2 4 well me 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.) Producing Method (Flow, pump, gas lift, etc.) Date First New Oil Run To Tank Date of Test Choke Size Casing Pressure Tubing Pressure Leagth of Test Gas- MCF Water - Bbls Oil - Bbls. Actual Prod. During Test **GAS WELL** Gravity of Condensate Bbls. Condensate/MMCF Length of Test Actual Prod. Test - MCF/D Choke Size Casing Pressure (Shut-in) Tubing Pressure (Shut-in) Testing Method (pital, back pr.)

VL 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.

Thomas K. Scroggin Operator Printed Name Title 748-1331 05-13-93 Telephone No.

OIL CONSERVATION DIVISION

MAY 2 8 1993

Date Approved ____

By __ ORIGINALISIGNED BY 32.39 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.