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State of New Mexico  
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION  
P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

Form C-194  
Revised 1-1-89  
See Instructions  
at Bottom of Page

RECEIVED

JAN 30 '89

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

Operator <b>BILL FENN, INC.</b>	Well API No. <b>ARTESIA</b> OFFICE
Address <b>P. O. DAWER 569, GIDDINGS, TEXAS 78942</b>	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Change of operator give name and address of previous operator	

I. DESCRIPTION OF WELL AND LEASE	
Lease Name <b>GRANDVIEW FEDERAL</b>	Well No. <b>1</b> Pool Name, including Formation <b>60. LAKE G-SA GREYBURG PREMIER</b>
Location Unit Letter <b>G</b> : <b>1980</b> Feet From The <b>N</b> Line and <b>1980</b> Feet From The <b>E</b> Line Section <b>20</b> Township <b>16-S</b> Range <b>31-E</b> , <b>NMPM</b> , <b>EDDY</b> County	Kind of Lease State <u>Federal</u> or <u>Lease</u> Lease No. <b>NM-77042</b>

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS	
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <b>KOCH</b>	Address (Give address to which approved copy of this form is to be sent) <b>P. O. BOX 1558, BRECKENRIDGE, TX 76024</b>
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)

Does well produce oil or liquids, give location of tanks.	Unit <b>G</b>	Sec. <b>20</b>	Twp. <b>16-S</b>	Rge. <b>31-E</b>	Is gas actually connected?	When?
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If this production is commingled with that from any other lease or pool, give commingling order number:

V. COMPLETION DATA	
Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> New Well <input checked="" 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 <b>11/5/88</b>	Date Compl. Ready to Prod. <b>11/21/88</b>
Elevations (DF, RKB, RT, GR, etc.) <b>3969.3 RKB</b>	Name of Producing Formation <b>GREYBURG - PREMIER</b>
Perforations <b>3147 - 3237 13 HOLES</b>	<b>3278 - 3384 25 HOLES</b>

TUBING, CASING AND CEMENTING RECORD			
HOLE SIZE <b>12 1/4</b> <b>7 7/8</b>	CASING & TUBING SIZE <b>8 5/8</b> <b>5 1/2</b> <b>2 3/8"</b>	DEPTH SET <b>398</b> <b>3583</b> <b>3444</b>	SACKS CEMENT <b>250</b> <b>850</b> <b>Port ID-2</b> <b>2-24-89</b> <b>comp + BR</b>

VI. 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 <b>11-22-88</b>	Date of Test <b>12/18/88</b>	Producing Method (Flow, pump, gas lift, etc.) <b>PUMP</b>	
Length of Test <b>24 HRS.</b>	Tubing Pressure <b>0</b>	Casing Pressure <b>0</b>	Choke Size <b>NONE</b>
Actual Prod. During Test <b>SAME</b>	Oil - Bbls. <b>81</b>	Water - Bbls. <b>10</b>	Gas - MCF <b>TSTM</b>

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 **Danny Brown**  
Printed Name **DANNY BROWN** OPERATIONS MANAGER  
Date **1/23/89** (409) 542-9831  
Telephone No.

OIL CONSERVATION DIVISION

Date Approved **JAN 31 1989**

By **Original Signed By Mike Williams**

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.