

OIL CONSERVATION DIVISION

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

Revised 1-1-89
See Instructions
at Bottom of Page

RECEIVED

JUN 14 90

015F
LT
GT
Op

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

I.

Operator ARMSTRONG ENERGY CORPORATION	Well API No.
Address P.O. Box 1973, Roswell, New Mexico 88201	
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"/>

If change of operator give name and address of previous operator _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name Red Lake Fed	Well No. 1	Pool Name, Including Formation Red Lake Q G SA	Kind of Lease State, Federal or Fee	Lease No. NM 59035
Location				
Unit Letter K	: 1980	Feet From The South	Line and 1650	Feet From The West
Section 10	Township 17S	Range 28E	NMPM,	Eddy 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"/> Navajo Refining Company	Address (Give address to which approved copy of this form is to be sent) Drawer 159, Artesia, NM 88210					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Phillips 66 Natural Gas Company	Address (Give address to which approved copy of this form is to be sent) 850 Plaza Office Bldg., Bartlesville, OK 74004					
If well produces oil or liquids, give location of tanks.	Unit K	Sec. 10	Twp. 17	Rge. 28	Is gas actually connected? Yes	When? 06-06-90

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 checked="" type="checkbox"/>	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 08-26-89	Date Compl. Ready to Prod. 06-01-90	Total Depth 2117'	P.B.T.D. 2112'					
Elevations (DF, RKB, RT, GR, etc.) GR 3536	Name of Producing Formation Q G SA	Top Oil/Gas Pay 1428'	Tubing Depth 1938'					
Perforations 1792, 93, 94, 99, 1800: 1980, 82, 83, 84, 90: 2062, 2062½: 1479-86		1499, 1500		Depth Casing Shoe 2112'				
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12½"	8 5/8" 23#		349'		225 - circ.			
6½"	4 1/2" 10.5#		2112'		420 - circ.			
				Post ED-2 7-6-90 Camp & Bix				

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 06-01-90	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 Hours	Tubing Pressure 20#	Casing Pressure 20#	Choke Size 2"
Actual Prod. During Test 14 bbl. load oil	Oil - Bbls. 14 Load oil	Water - Bbls. 0	Gas- MCF 190

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
Thomas K. Scroggin Production Supervisor
Printed Name
06-13-90
Date
748-1331
Telephone No.

OIL CONSERVATION DIVISION

Date Approved JUN 29 1990

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.