nit 5 Copies roprize District, Office TRICT 1 Box 1980, Hobbs, NM 88240

TRICT II Drawer DD, Antesia, NM 88210

## SING OF LICH WICKEN Energy, Minerals and Natural Resources Department

Well API No.

**ONSERVATION DIVISION** 

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

TRICT III O Rio Brazos Rd., Aziec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

C.O. Fultor	<b>\</b>						02869	
dress P.O. Box	· //21	· Av	2755	7-2	um	8821	11-1121	
ason(s) for Filing (Check proper box)			Othe	(Please expla	in)	00-7		
w Well	Change in Tra	insporter of:	[_] <b>Ga</b>	. (				
completion	· -	y Gas						
ange in Operator		ondensate						
hange of operator give name								
address of previous operator							<del></del>	
DESCRIPTION OF WELL	AND LEASE							
ase Name	Well No. Po	ool Name, Includin	g Formation		Kind of	Lease	Lease No.	
Dublin	2-13	Square	Lake	G615.	4 State Pe	ederal or Fee B	-7762	
cation		•	,		:	~		
Unit Letter	_:1980_R	eet From The	1011hLine	and 19	(U Feet	From The <u>Fa</u>	S/ Line	
-,	ITIC	70 -					Country	
Section 3 Townsh	ip / S R	ange <u> </u>	, NA	IPM,			County	
I. DESIGNATION OF TRAI	NCDADTED AF AH	AND NATIO	RAT. GAS			•		
ame of Authorized Transporter of Oil	or Condensat		Address (Give	address to wh	ich approved c	opy of this form is	io be sent)	
Nauko R-fining Co.			$A_{i}$	Artesia, Ni Max.				
ame of Authorized Transporter of Casinghed Gas or Dry Gas Address (Give address to which approved copy of this form is to						io be seni)		
Noga				<u>,</u>				
well produces oil or liquids,	oduces oil or liquids, Unit Sec. Twp. Rge. Is gas actu			s actually connected? When ?				
e location of tanks.	<u> 13 1</u>	175 29E	L	(o	1			
his production is commingled with tha	t from any other lease or po-	ol, give commingli	ing order numl	)er:				
'. COMPLETION DATA				r <del></del>	<del></del> _	<u> </u>	Date Diff Back	
Designers Time of Completion	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back Same	Res'v Diff Res'v	
Designate Type of Completion			Total Depth		I	P.B.T.D.		
ate Spudded 3-30-46	Date Compl. Ready to P		26	70		F.B. (.D.	-	
<u> </u>	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
levations (DF, RKB, RT, GR, etc.)			2496			2500		
GR 3686'	1 araybur	9	211	<u> </u>		Depth Casing Sho		
efforations					•	186		
	TIDING (	CACING AND	CEMENTI	NG RECOR	מו			
11015 0175	CASING & TUBING SIZE		CEMENTING RECORD DEPTH SET			SACKS CEMENT		
HOLE SIZE	358' 896"		358'			50		
- CH				SC)		40		
8"	1880, 11,		1					
			<del> </del>					
. TEST DATA AND REQU	EST FOR ALLOWA	BLE	.1					
IL WELL (Test must be after	r recovery of total volume of	fload oil and musi	s be equal so o	r exceed top al	lowable for this	depth or be for ful	1 24 hours.)	
Late First New Oil Run To Tank	Date of Test		Producing M	lethod (Flow, p	ump, gas lift, e	IC.)		
6-15-46	G-15-46		Flowing					
ength of Test	Tubing Pressure		Casing Pressure			Choke Size		
24 hrs	200°					1		
Actual Prod. During Test	Oil - Bbls.		Water - Bbl			Gas-MCF NO Test	,	
50 Bbls	50 B1	७।S		0		NO ICS!		
GAS WELL								
Actual Prod. Test - MCF/D	Length of Test		Bbls. Condensate/MMCF			Gravity of Condensate		
Actual Flow For - Mocros								
'esting Method (pitot, back pr.)	Tubing Pressure (Shut-	in)	Casing Pres	sure (Shut-in)		Choke Size		
certiff temporal (harris error h. A.								
VI. OPERATOR CERTIF	ICATE OF COMP	LIANCE					401011	
VI, OPERATOR CERTIF	fow I F. Of. COIMI	eation.	<u>}</u> }	OIL CO	NSERV	ATION DI	VISION	
I hereby certify that the rules and re Division have been complied with a	gurantum or use on conservend that the information give	a above						
is true and complete to the best of my knowledge and belief.				Date Approved				
	97 1.			v				
the I talk			By.					
Signature				<u></u>				
LOUTS	UKTOR	Ti-1.						
Printed Name	MK.	Title	Titl	θ				
12-3-96	70 Tele	phone No.	Ш					
Date		r	!					

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.