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DISTRICT 1
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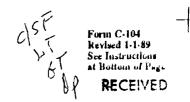
DISTRICT.R P.O. Diawer DD, Anesia, NM. 88210

State of New Mexico gy, Minerals and Natural Resources Departme

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe. New Mexico 87504-2088



DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410 OCT 18'89 REQUEST FOR ALLOWABLE AND AUTHORIZATION 1. TO TRANSPORT OIL AND NATURAL GAS Operator Well API No. C. J. I. ARTESIA, OFFICE <u>ltarcorn Oil Co.</u> 30=015-- Address <u>O. Box 2879, Victoria, Texas 79702</u> Reason(s) for Filing (Check proper box) Other (Please explain) New Well Change in Transporter of: Change of Operator Name Diy Gas Recompletion Effective October 1, 1989 (X) Change in Operator Casinghead Gas Condensate If change of operator give name and address of previous operator Hondo Oil & Gas Company, P. O. Box 2208 , Roswell, New Mexico 88202 II. DESCRIPTION OF WELL AND LEASE Lease Hame Well No. Pool Name, Including Formation Kind of Lease Lease No. J. L. Keel "B" State, Federal or Fee Federal 42 Grayburg Jackson/7 RV OGSA LC029435. Legation = 1980 Feet From The <u>South</u> Line and <u>1780</u> Feet From The West Section 6 Township 1713 Range 31E , NMPM, Eddy 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) (XX)Texas-New Mexico Pipeline Company P. O. Eox 2528, Hobbs, New Mexico 88240 Address (Give address to which approved copy of this form is to be sent) Hause of Authorized Transporter of Casinghead Gas XX or Dry Gas [Continental Oil Company P. O. Box 460, Hobbs, New Mexico 88240 If well produces oil or liquids, Unit Sec. Twp. Is gas actually connected? Rge. When ? give location of tanks. С | 8 17S | 31E Yes. 10/19/88 If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Oil Well Gas Well New Well Workover | Deepen | Plug Back | Same Res'v Diff Res'v Designate Type of Completion - (X) Total Depth Date Spudded Date Compl. Ready to Prod. P.B.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 ost ID-3 10-27-89 V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (l'est must be after recovery of total volume of loud 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 Producing Method (Flow, pump, gas lift, etc.) Length of Test Casing Pressure Choke Size Tubing Pressure

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

Actual Prod During Test

Testing Method (pitot, back pr)

GAS WELL
| Actual Prod. Test - MCF/D

Signature

A GRAHAM AGENT

Title

OIL CONSERVATION DIVISION

Gas- MCF

Choke Size

Gravity of Condensate

Date Approved OCT 2 7 1989

By ORIGINAL SIGNED BY
HING VIEWAVS
Title SHPERVISOR, DISTRICT IF

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

Length of Test

Tubing Pressure (Shut-in)

1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.

Water - Bbls

Bbls. Condensate/MMCF

Casing Pressure (Shut-in)

2) All sections of this form must be filled out for allowable on new and recompleted wells.

Telephone No

- 3) Pill 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.