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DISTRICT I
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State of New Mexico Energy, Minerals and Natural Resources Department

Revised 1-1-89 at Bottom of Page

DISTRICT II P.O. Drawer DD, Artesia, NM 88210

## **OIL CONSERVATION DIVISION**

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

JUN 0 5 1991

| DISTRICT III<br>1000 Rio Brazos Rd., Aziec, NM 87410                                                                                           | BEOL                                                                                                    |             | inta Fe, New M<br>OR ALLOWAI          |                                            |                                                                          | TION         | O. C. D.                          | •                         |  |
|------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|-------------|---------------------------------------|--------------------------------------------|--------------------------------------------------------------------------|--------------|-----------------------------------|---------------------------|--|
| I.                                                                                                                                             |                                                                                                         |             | NSPORT OI                             |                                            |                                                                          |              |                                   |                           |  |
| Uperator<br>Avon Energy Corp.                                                                                                                  |                                                                                                         |             |                                       |                                            | Well AFI Na<br>30-015-26611                                              |              |                                   |                           |  |
| Address P.O. Box 37, Loco Hills, NM 88255                                                                                                      |                                                                                                         |             |                                       |                                            |                                                                          |              |                                   |                           |  |
| Reason(s) for Filing (Check proper box)  Change in Transporter of:                                                                             |                                                                                                         |             |                                       |                                            |                                                                          |              |                                   |                           |  |
| New Well K. Change in Transporter of:  Recompletion Dry Gas D                                                                                  |                                                                                                         |             |                                       |                                            |                                                                          |              |                                   |                           |  |
| Change in Operator Casinghead Gas Condensate                                                                                                   |                                                                                                         |             |                                       |                                            |                                                                          |              |                                   |                           |  |
| If change of operator give name and address of previous operator                                                                               |                                                                                                         |             |                                       |                                            |                                                                          |              |                                   |                           |  |
| II. DESCRIPTION OF WELL AND LEASE                                                                                                              |                                                                                                         |             |                                       |                                            |                                                                          |              |                                   |                           |  |
| Lease Name Turner "B"                                                                                                                          |                                                                                                         | Well No.    |                                       |                                            | ng Formation<br>g Jackson                                                |              | of Lease<br>Federal <b>custos</b> | Leam No.<br>LC029395-B    |  |
| Unit Letter N: 1140 Feet From The South Line and 2560 Feet From The West Lie                                                                   |                                                                                                         |             |                                       |                                            |                                                                          |              |                                   | ( cd                      |  |
| Section 20 Township                                                                                                                            | 179                                                                                                     | 3           | Range 31E                             |                                            | APM,                                                                     | Edd          |                                   | County                    |  |
| III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS                                                                                         |                                                                                                         |             |                                       |                                            |                                                                          |              |                                   |                           |  |
| Name of Authorized Transporter of Oil X or Condensale                                                                                          |                                                                                                         |             |                                       |                                            | Address (Give address to which approved copy of this form is to be sent) |              |                                   |                           |  |
| Texas-New Mexico Pi Name of Authorized Transporter of Casing                                                                                   | P.O. Box 2528, Hobbs, NM 88240 Address (Give address to which approved copy of this form is to be sent) |             |                                       |                                            |                                                                          |              |                                   |                           |  |
| Continental Oil Com                                                                                                                            |                                                                                                         |             |                                       | P.O. Box 460, Hobb                         |                                                                          |              |                                   |                           |  |
| If well produces oil or liquids,<br>give location of tanks.                                                                                    | Unit                                                                                                    | S∞.<br>I 29 | Twp.   Rge<br>  175  31E              | Is gas actually connected?   When?         |                                                                          |              |                                   |                           |  |
| If this production is commingled with that from any other lease or pool, give commingling order number:                                        |                                                                                                         |             |                                       |                                            |                                                                          |              |                                   |                           |  |
| IV. COMPLETION DATA                                                                                                                            |                                                                                                         |             |                                       | - <u>,</u> ,                               |                                                                          |              |                                   |                           |  |
| Designate Type of Completion -                                                                                                                 |                                                                                                         | Oil Well    | i                                     | New Well                                   | Workover                                                                 | Deepen       | Plug Back Sa                      | ine Res'v Diff Res'v      |  |
| Date Spudded  - 8-9                                                                                                                            | Date Compl. Ready to Prod.<br>2-22-91                                                                   |             |                                       | Total Depth                                | 3821'                                                                    |              | P.B.T.D.                          | 3192'                     |  |
| Elevations (DF, RKB, RT, GR, etc.) 3(A0' GR                                                                                                    | Name of Producing Formation Grayburg San Andres                                                         |             |                                       | Top Vil/Cas 1                              | Top Vil/Gas Pay 2564'                                                    |              |                                   | Tubing Depth 3408         |  |
| Perforations 3681-3633 11 h                                                                                                                    | oles 3276-3233 13 hol                                                                                   |             |                                       |                                            |                                                                          |              | Depth Casing Shoe                 |                           |  |
| 35% - 3330 15 holes 3212 - 2864 18 holes 3821 .  TUBING, CASING AND CEMENTING RECORD                                                           |                                                                                                         |             |                                       |                                            |                                                                          |              |                                   |                           |  |
| HOLE SIZE                                                                                                                                      | CASING & TUBING SIZE                                                                                    |             |                                       | DEPTH SET                                  |                                                                          |              | SACKS CEMENT                      |                           |  |
| 17 1/2                                                                                                                                         |                                                                                                         | 133/8"      |                                       |                                            | 452'                                                                     |              |                                   | 650 3x C1."C"             |  |
| 124                                                                                                                                            | 8518"                                                                                                   |             |                                       | 1421'                                      |                                                                          |              | 500 SK LW + 200 SK CI.C.          |                           |  |
| 1.18                                                                                                                                           | 5 ½<br>21k                                                                                              |             |                                       | -                                          | 3821'<br>3408'                                                           |              |                                   | 250 x LW+ 650 5x Cl. · C. |  |
| V. TEST DATA AND REQUEST FOR ALLOWABLE                                                                                                         |                                                                                                         |             |                                       |                                            |                                                                          |              |                                   |                           |  |
| OIL WELL (Test must be after re<br>Date First New Oil Run To Tank                                                                              | Date of Te                                                                                              | otal volume | of load oil and mus                   | t be equal to or                           | exceed top allows                                                        | lile for thi | depth or be for                   | full 24 hows.)            |  |
| 2-22-91                                                                                                                                        | 3491                                                                                                    |             |                                       | Producing Method (Flow, pump, gas lift, et |                                                                          |              | Humping                           |                           |  |
| Length of Test 24 hrs.                                                                                                                         | Tubing Pressure                                                                                         |             |                                       | Casing Pressure 300#                       |                                                                          |              | Choke Size                        |                           |  |
| Actual Prod. During Test                                                                                                                       | Oil - Bbls. 250                                                                                         |             |                                       | Water - Bbls.                              | Water - Libia 37                                                         |              | Val. MCF<br>130                   |                           |  |
| GAS WELL                                                                                                                                       |                                                                                                         |             |                                       |                                            |                                                                          |              |                                   |                           |  |
| Actual Prod. Test - MCF/D                                                                                                                      | Length of                                                                                               | Test        | · · · · · · · · · · · · · · · · · · · | Bbls. Conden                               | MINICH THE                                                               |              | Gravity of Con                    | densate                   |  |
| Tosting Method (pitot, back pr.)                                                                                                               | Tubing Pressure (Shul-in)                                                                               |             |                                       | Casing Press                               | Casing Pressure (Shul-in)                                                |              | Choke Size                        |                           |  |
| VI. OPERATOR CERTIFICATE OF COMPLIANCE                                                                                                         |                                                                                                         |             |                                       |                                            | OU CONCERVATION BUYGON                                                   |              |                                   |                           |  |
| I hereby certify that the rules and regulations of the Oil Conservation  Division have been complied with and that the information given above |                                                                                                         |             |                                       | 11 '                                       | OIL CONSERVATION DIVISION                                                |              |                                   |                           |  |
| is true and complete to the best of my knowledge and belief.                                                                                   |                                                                                                         |             |                                       | Date Approved JUN 1 4 1991                 |                                                                          |              |                                   |                           |  |
| Robert Setiler                                                                                                                                 |                                                                                                         |             |                                       |                                            | Date Approved                                                            |              |                                   |                           |  |
| Signature Consultant Consultant                                                                                                                |                                                                                                         |             |                                       | RA-                                        | By ORIGINAL SIGNED BY MIKE WILLIAMS                                      |              |                                   |                           |  |
| Printed Name Title                                                                                                                             |                                                                                                         |             |                                       | Title                                      | Title SUPERVISOR, DISTRICT IT                                            |              |                                   |                           |  |
| 5/6/91 505/677=3223 Date Telephone No.                                                                                                         |                                                                                                         |             |                                       |                                            |                                                                          |              |                                   |                           |  |

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 root in pultiply completed wells.