State of New Mexico

Submit 5 Copies Appropriate District Office

DISTRICTI P. O. Box 1980, Hobbs, NM 88240

DISTRICT II P. O. Drawer DD, Artesia, NM 88210 Energy, Minerals and Natural Resources Department

OIL CONVERSATION DIVISION

P. O. Box 2088

Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION

Form C-10 Revised 1-1-89 See Instructions at Bottom of Page

DISTRICT III 1992 ن در ا 1000 Rio Brazos Rd., Aztec, NM 87410 TO TRANSPORT OIL AND NATURAL GAS U. C. D. Well API No. Operator FENNZOIL PETROLEUM COMPA 30 - 015-00303 Address P. O. BOX 2007, HOUR FON, TH Trace on

Reason (s) for Filling (check proper box)			-	(Please explain)			
New Well	Change in Tra		C EF	FECTIVE /	October 30, 199	ر دو	
Recompletion	Oil	Dry Gas Condensa		<u>T</u>	<u> </u>		
Change in Operator X	Casinghead Gas	Condens	E				
If chance of operator give name and address of previous operator Chevron U.S.A. Inc., P. O. Box 1150, Midland, TX 79702							
II. DESCRIPTION OF WELL A	AND LEASE						
			luding Formation Kind of Lease Lease No.				
					State, Federal or Fee	}	
Atoka San Andres Unit	h15	Atoka San And	res		Fee		
Location							
Unit Letter L	: 1650	Feet From The	South Line	and990	Feet From The	West Line	
Section 11 Township	188	Range	26E , NM	PM,	Eddy	County	
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS							
Name of Authorized Transporter of Oil		densate		address to whic	h approved copy of this	form is to be sent)	
Water Injection		Day Cas	Address (Give	address to which	h approved copy of this	form is to be sent)	
Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent)							
If well produces oil or liquids,	Unit Sec.	Twp. Rge.	Is gas actually conne	ected ? Wh	en ?		
give location of tanks.							
		<u> </u>					
If this production is commingled with that f	from any other lease or po	ool, give commingli	ing order number:				
IV. COMPLETION DATA						In the second	
D	Oil W	ell Gas Well	New Well Workover	Deepen Plu	igback Same Res'v	Diff Res'v	
Designate Type of Completion			T . ID . 4	L	D. T. D.	<u>. </u>	
Date Spudded	Date Compl. Ready to I	Prod.	Total Depth		P. B. T. D.		
levations (DF, RKB, RT, GR, etc.) Name of Producing Formation			Top Oil/Gas Pay		Tubing Depth		
(,,,			•				
Peforations	Depth Casing Shoe						
	THINNO	CACING AND C	EMENTING BECORD				
HOLE SIZE	CASING & TUB		MENTING RECORD DEPTH SET		SACKS CEMENT		
HOLE SIZE	CASING & TODING SIZE						
L		DI D	L				
V. TEST DATA AND REQUES	ST FOR ALLOWA	BLE		!!	L:. J	d barren	
OIL WELL (Test must be after to Date First New Oil Run To Tank	recovery of total volume of Date of Test	of load oil and must	Producing Method	р аноwавіе jor и (Flow, pump, ge	1:4	· · · · · · · · · · · · · · · · · · ·	
Date First New Oil Run 10 Tank	Date of lest from the first from the				Derte	150-3	
Length of Test	Tubing Pressure		Casing Pressure		Choke Size 1-15-93 Gas-MCF & Ag Opp		
A strail Prod During Test	Oil - Bbls.		Water - Bbls.		Gas - MCF Q la Gas		
Actual Prod. During Test	On - Bus.				angor		
GAS WELL			A				
Actual Prod. Test - MCF/D	Length of Test		Bbls. Condensate/MMCF		Gravity of Condensate		
			Caring Draggues (Chut :-)		Choke Size		
Testing Method (pilot, back press.)	Tubing Pressure (Shut	- in)	Casing Pressure (Shut -	III) Ch	IORE SIZE		
VI. OPERATOR CERTIFICAT	TE OF COMPLIA	NCE			DVATION D	101011	
I hereby certify that the rules and regula	ations of the Oil Conserva	ution 🔪	l OI	L CONSE	RVATION DIV	ISIUN	
Division have been complied with and t	that the information giver	above \		_			

Signature Printed Nam

Date Approved JAN 1 1 1992 ORIGINAL SIGNED BY MIKE WILLIAMS

SUPERVISOR, DISTRICT I

- 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.