		ew Mexico ural Resources Dep. – aent	RECEIVED Form C-104 Revised 1-1-89 See Instructions
P.O. Box 1980, Hubbe, NM 88240 DISTRICT II		ATION DIVISION	at Bottom of Page
P.O. Drawer DD, Anesia, NM 88210 DISTRICE III		exico 87504-2088	CS
1000 Rio Brazos Rd., Aztec, NM 87410 I. [Öperator	REQUEST FOR ALLOWAR TO TRANSPORT OIL	BLE AND AUTHORIZAT	O. C. D. IQANTESIA, OFFICE
Avon Energy Corp	•		
	o Hills, NM 88255		
Reason(s) for Filing (Check proper box) New Well	Change in Transporter of:	(Duter (Please explain)	
Recompletion	Oil Dry Gas Casinghead Gas Condensate	1	
If change of operator give name	orro Petroleum Company,	P.O. Box 38. Loco H	ills, NM 88255
II. DESCRIPTION OF WELL			
Lease Name Turner ''B'' Location	(D) Well No. Pool Name, Includi	ing Formation g Jackson /78V QGSA	Kind of Lease Lease No. XXXXe, Federal oKXXX LC-029395-B
Unit LetterH	1980 Feet From The	North Line and660	East Line
Section 29 Townshi	p 175 Range 311	E, NMPM,	Eddy County
The of Automized Transporter of Oil	SPORTER OF OIL AND NATU	RAL GAS Address (Give address to which a	pproved copy of this form is to be sent)
NONE - WIW Name of Authorized Transporter of Casing NONE	gliezd Gaa [] or Dry Gaa []	Address (Give address to which a	pproved copy of this form is to be sent)
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge.	Is gas actually connected?	When 7
If this production is commingled with that IV. COMPLETION DATA	from any other lease or pool, give comming	ling order number:	I
Designate Type of Completion	- (X) Oil Well Gas Well	New Well Workover D	cepen Plug Back Same Res'v Diff Res'v
Date Spudded	Date Compl. Ready to Prod.	Total Depth	
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Ull Cas Pay	Tubing Depth
Perforations			Depth Casing Shoe
	TUBING, CASING AND	CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
			10-90-10 1/0.0p. 5K. Pet. Co.
V. TEST DATA AND REQUES OIL WELL (Test must be after re	T FOR ALLOWABLE	I	<u> </u>
Date First New Oil Run To Tank	ecovery of total volume of load oil and must Date of Test	be equal to or exceed top allowabl Producing Method (Flow, pump,)	e for this depth or be for full 24 hows.) as lift, etc.)
Leogth of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Ibla.	Gas- MCF
GAS WELL Actual Prod. Test - MCF/D	Length of Test		Gravity of Condensate
lesting Method (pilot, back pr.)	Tubing Pressure (Shu: in)	Casing Pressure (Shut-in)	Choke Size
VI. OPERATOR CERTIFIC			
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.		OIL CONSERVATION DIVISION DEC 2 1 1990	
Mitell C.S.J			
Signature Mitchell L. Solich Vice-President Printed Name		ORIGINAL SIGNED BY ByMIKE WILLIAMS SUPERVISOR, DISTRICT IN	
12/11/90 Date	Title 505/677-3223 Telephone No.	Title	
INSTRUCTIONS: This form	i is to be filed in compliance with I		

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

All sections of this form must be filled out for allowable on new and recompleted wells.
 Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
 Separate Form C-104 must be filed for each pool in multiply completed wells.