

Submit 5 Copies  
Appropriate District Office  
DISTRICT I  
P.O. Box 1980, Hobbs, NM 88240

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

DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico  
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION  
P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

RECEIVED

DEC 14 '90

Form C-104  
Revised 1-1-89  
See Instructions  
at Bottom of Page

O. C. D.  
ARTESIA, OFFICE

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

Operator Avon Energy Corp.		Well API No.
Address P.O. Box 38, Loco Hills, NM 88255		
Reason(s) for Filing (Check proper box) New Well <input type="checkbox"/> <input checked="" type="checkbox"/> Change in Transporter of: Recompletion <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Change in Operator <input checked="" type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> <input type="checkbox"/> Other (Please explain)		
If change of operator give name and address of previous operator Socorro Petroleum Company, P.O. Box 38, Loco Hills, NM 88255		

II. DESCRIPTION OF WELL AND LEASE

Lease Name Turner "B" (A)	Well No. 60	Pool Name, Including Formation Grayburg Jackson/70V QGSA	Kind of Lease State, Federal or Other	Lease No. LC-029395-B
Location Unit Letter K : 1980 Feet From The South Line and 1980 Feet From The West Line Section 29 Township 17S Range 31E, NMIM, Eddy County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil or Condensate Texas-New Mexico Pipeline Company	Address (Give address to which approved copy of this form is to be sent) P.O. Box 2528, Hobbs, NM 88240			
Name of Authorized Transporter of Casinghead Gas or Dry Gas Continental Oil Company	Address (Give address to which approved copy of this form is to be sent) P.O. Box 460, Hobbs, NM 88240			
If well produces oil or liquids, give location of tanks.	Unit D	Sec. 29	Twp. 17S	Rge. 31E
Is gas actually connected?		When?		
Yes		10/24/60		
If this production is commingled with that from any other lease or pool, give commingling order number: CTB-202				

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.D.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			
					Post ID-3			
					12-28-90			
					Chg. O.P. Soc. Pet. Co.			

V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL (Test must be after recovery of total volume of load 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	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - bbls.	Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

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 is true and complete to the best of my knowledge and belief.

Signature  
Mitchell L. Solich  
Printed Name  
12/11/90  
Date

Vice-President  
Title  
505/677-3223  
Telephone No.

OIL CONSERVATION DIVISION

DEC 21 1990

Date Approved  
By ORIGINAL SIGNED BY  
MIKE WILLIAMS  
SUPERVISOR, DISTRICT II  
Title

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