Submit 5 Copies
Appropriate District Office
DISTRICT 1
P.O. Dox 1980, Hobbs, NM 88240

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

State of New Mexico Energy, Minerals and Natural Resources Department

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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

O. C. D. ARTESIA, OFFICE

TOTRANSPORT OIL AND NATURAL GAS Well API No. 3001505447
Avon Energy Corp. Address P.O. Box 37, Loco Hills, NM 88255 Reason(s) for Filing (Check proper box) New Well Change in Transporter of: Change well Name Change in Transporter of: Change in Transporter of: Change well Name Change in Transporter of: Change of operator Casinghead Gas Condensate Change in Operator Change of Operator Casinghead Gas Condensate Change well Name Change in Transporter of: Change of Operator Casinghead Gas Condensate Change well Name Change in Transporter of: Change well Name Change well N
Reason() for Fiting (Check proper box) New Well Change in Transporter of: Dry Gas Change in Operator Casinghead Gas Condensate Change of operator give name and address of previous operator II. DESCRIPTION OF WELL AND LEASE. Less Name Turner "B" GO Grayburg Jackson/7 FW QGSA Kind of Lease Unit Letter K : 1980 Feet From The South Line and 1980 Feet From The Lease No. NMLC029395E Unit Letter K : 1980 Feet From The South Line and 1980 Feet From The Lease No. NMLC029395E Location Unit Letter K : 1980 Feet From The South Line and 1980 Feet From The Lease No. NMLC029395E Toxaning Authorized Transporter of Qil KX or Condensate Texas-New Mexico Pipeline Co. Name of Authorized Transporter of Casinghead Gas XX or Dry Qas Address (Give address to which approved copy of this form is to be sent) P.O. Box 2528, Hobbs, NM 88240 If well produces of or liquida, Unit Sec. Twp. Rgs. If well produces of or liquida, On 11 Company If well produces of or liquida, Unit Sec. Twp. Rgs. If well produces of or liquida, On 12 Company If well produces of or liquida, On 12 Company Designate Type of Completion - (X) Date Spudded Date Compile Ready to Prod. Total Depth Workover Deeps Plug Back Seme Rev Diff Rasy Designate Type of Completion - (X) Name of Producing Formation TUBING, CASING AND CEMENTING RECORD
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Change of operator give name and address of previous operator I. DESCRIPTION OF WELL AND LEASE. Lease Name Turner "B" Well No. 60 Grayburg Jackson/7 FW QSSA Completed NML C029395E Location Unit Letter K : 1980 Feet From The South Line and 1980 Feet From The Line and Section 29 Township 175 Range 31E NMPM, Eddy County III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS. Name of Authorized Transporter of Oil KX or Condensate Or Dipeline Co. Name of Authorized Transporter of Calainghead Gas XX or Dy Gas Octionental Oil Company If well productes oil or liquide, Unit Sec. Twp. Rge. Is gas actually connected? When 7 10/24/60 If will producted is comminged with that from any other lease or pool, give commingling order number: Continental Oil Company If will producted is comminged with that from any other lease or pool, give commingling order number: CTB-202 If will producted Type of Completion - (X) Date Spudded Date Compl. Ready to Prod. Tubling, CASING AND CEMENTING RECORD TUBING, CASING AND CEMENTING RECORD
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Unit Letter K . 1980 Feet From The South Line and 1980 Feet From The Line and Socion 29 Township 175 Range 31E , NMPM, Eddy County III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS. Name of Authorized Transporter of Oil
Section 29 Township 175 Range 31E , NMPM, Eddy County
Name of Authorized Transporter of Cil Texas-New Mexico Pipeline Co. Name of Authorized Transporter of Casinghead Cas Continental Cil Company Continental Cil Company If well produces oil or liquids, pive location of tanks. Continents Circums
Name of Authorized Transporter of Cil Texas-New Mexico Pipeline Co. Name of Authorized Transporter of Casinghead Cas Continental Cil Company Continental Cil Company If well produces oil or liquids, pive location of tanks. Continents Circums
Name of Authorized Transporter of Casinghead Gas XX or Dry Gas Address (Give address to which approved copy of this form is to be sent) Continental Oil Company If well produces oil or liquide, give location of tanks. O 29 175 31E This production is commingled with that from any other lease or pool, give commingling order number: CTB=202 CTB=202 CTB=202 CTB=202 CTB=202 CTB=202 CTB=202 CTB=203
Continental Oil Company If well produces oil or liquide, give location of tanks. D 29 17S 31E Yes Ye
give location of tanks.
If this production is commingled with that from any other lease or pool, give commingling order number: CTB-202 IV. COMPLETION DATA Oil Well Gas Well New Well Workover Deepen Plug Back Same Res'v Diff Ras'v Designate Type of Completion - (X) Date Spudded Date Compl. Ready to Prod. Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Top Uil/Gas Pay Tubing Depth Depth Casing Shoe
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TUBING, CASING AND CEMENTING RECORD
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V. TEST DATA AND REQUES 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/NINICI Gravity of Condensate
Testing Method (pitot, back pr.) Tubing Pressure (Shut-in) Casing Pressure (Shut-in) Choke Size
VI. OPERATOR CERTIFICATE OF COMPLIANCE OIL CONSERVATION DIVISION
I hereby certify that the rules and regulations of the Ou Conservation []
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief. Date Approved
By ORIGINAL SIGNED BY
Robert Setzler Consultant SUPERVISOR, DISTRICT !!
Printed Name July 23, 1991 Title Title 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.