

OIL CONSERVATION DIVISION

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

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JUL 25 1991

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

O. C. D.
ARTESIA, OFFICE

erator Avon Energy Corp.	Well API No. 3001505452
dress P.O. Box 37, Loco Hills, NM 88255	
ason(s) for Filing (Check proper box) <input checked="" type="checkbox"/> Other (Please explain)	
ow Well ompletion ange in Operator	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> Change Well Name
hange of operator give name address of previous operator	

DESCRIPTION OF WELL AND LEASE			
ase Name Turner "B"	Well No. 68	Pool Name, including Formation Grayburg Jackson/7 FV QGSA	Kind of Lease <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Lease No. NMLC0293958
ocation Unit Letter P Section 29 Township 17S Range 31E NMPM, County Eddy	Feet From The South Line and 660 Feet From The East Line		

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS			
ime of Authorized Transporter of Oil NONE - WIW	<input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
ime of Authorized Transporter of Casinghead Gas	<input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
well produces oil or liquids, e location of tanks.	Unit	Sec.	Twp.
			Rge.
Is gas actually connected?		When ?	

his production is commingled with that from any other lease or pool, give commingling order number:

COMPLETION DATA	
Designate Type of Completion - (X)	Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> New Well <input type="checkbox"/> Workover <input type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input type="checkbox"/> Same Res'v <input type="checkbox"/> Diff Res'v <input type="checkbox"/>
ate Spudded	Date Compl. Ready to Prod.
evations (DF, RKB, RT, GR, etc.)	Name of Producing Formation
ifformations	Top Oil/Gas Pay
	Tubing Depth
	Depth Casing Shoe

TUBING, CASING AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

TEST DATA AND REQUEST FOR ALLOWABLE			
IL 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.)			
ate First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
ength of Test	Tubing Pressure	Casing Pressure	Choke Size
ctual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL			
ctual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MCF/D	Gravity of Condensate
asting Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

I. 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 Robert Setzler	Consultant
Printed Name July 23, 1991	Title 505/677-3223
Date	Telephone No.

OIL CONSERVATION DIVISION	
Date Approved AUG 14 1991	
By	ORIGINAL SIGNED BY MIKE WILLIAMS
Title	SUPERVISOR, DISTRICT II

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.