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DISTRICT I  
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico  
Energy, Minerals and Natural Resources Department

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Form C-104  
Revised 1-1-89  
See Instructions  
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DISTRICT II  
O. Drawer DD, Artesia, NM 88210

### OIL CONSERVATION DIVISION

JAN 15 '91

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

O. C. D.

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

### REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator <b>Avon Energy Corp.</b>	Well API No. <b>30-015-05454</b>
Address <b>P.O. Box 38, Loco Hills, NM 88255</b>	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input type="checkbox"/>	Change in Transporter of: <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Recompletion <input type="checkbox"/>	<b>CHANGE IN OPERATOR</b>
Change in Operator <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Change of operator give name and address of previous operator <b>SECORRO Pet Co</b>	

#### I. DESCRIPTION OF WELL AND LEASE

Lease Name <b>Turner "B" (H)</b>	Well No. <b>71</b>	Pool Name, Including Formation <b>Grayburg Jackson/7 RV QGSA</b>	Kind of Lease <b>Federal</b>	Lease No. <b>LC-0293958</b>
Location Unit Letter <b>M</b> : <b>660</b> Feet From The <b>South</b> Line and <b>660</b> Feet From The <b>West</b> Line Section <b>29</b> Township <b>17S</b> Range <b>31E</b> , <b>NMPM</b> , <b>Eddy</b> County				

#### II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <b>Texas-New Mexico Pipeline Company</b>	Address (Give address to which approved copy of this form is to be sent) <b>P.O. Box 2528, Hobbs, NM 88241-2528</b>			
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <b>Continental Oil Company</b>	Address (Give address to which approved copy of this form is to be sent) <b>P.O. Box 460, Hobbs, NM 88241-0460</b>			
If well produces oil or liquids, give location of tanks.	Unit <b>0</b>	Sec. <b>29</b>	Twp. <b>17S</b>	Rge. <b>31E</b>
Is gas actually connected? <b>Yes</b>				When? <b>10/24/60</b>
If this production is commingled with that from any other lease or pool, give commingling order number:				<b>CTB-202</b>

#### IV. COMPLETION DATA

Designate Type of Completion - (X)	<input type="checkbox"/> 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
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
Perforations						Depth Casing Shoe		
<b>TUBING, CASING AND CEMENTING RECORD</b>								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT		
						<b>Post ID-3</b>		
						<b>1-18-91</b>		
						<b>shg op</b>		

#### 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/M/MCF	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   
**Robert Setzler** Consultant  
 Printed Name Title  
 1/14/91 505/677-3223  
 Date Telephone No.

#### OIL CONSERVATION DIVISION

JAN 18 1991

Date Approved \_\_\_\_\_

By ORIGINAL SIGNED BY

**MIKE WILLIAMS**

Title SUPERVISOR, DISTRICT II

#### INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 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.