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

State of New Mexico Energy, Minerals and Natural Resources Department

JUL 2 9 1991

OIL CONSERVATION DIVISION

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

O. C. D. ARTESIA, OFFICE

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I.		TO TR	ANSF	ORT O	L AND NA	ATURAL G.	AS				
Operator CFM Oil Company							Well	APINO.	- 11	111	
Address B. Cottonwood Road, Artesia, New Mexico 88210											
Reason(s) for Filing (Check proper box)	* 1					her (Please expl	ain)			 -	
New Well	•	Change is	•			•	•	,	A CONTRACTOR		
Recompletion Change in Operator X *	Oil Casinghea	40m [Dry C		*Ef	fective 7	7/1/91	5	\mathcal{X}		
Joe G. Fenn, 908 West Main, Artesia, New Mexico 88210											
IL DESCRIPTION OF WELL	AND LE									•	
Lease Name Platt	Well No. Pool Name, includ							of Lease No.			
Location	L Dayco				Grayburg Sus,			Federal or Fe	9 .		
Unit LetterM	_ :7:	5	Post F	rom The	South	125			West	•	
Post From TheLine											
Section 26 Township 18-S Range 26-E , NMPM, Eddy County										County	
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS											
or Condensate Address (Give address to which approved come of this form is to be east)											
Name of Authorized Transporter of Casinghead Gas or Dry Gas						P. O. Box 159, Artesia, New Mexico 88210					
Name of Authorized Transporter of Casin	Address (Give address to which approved copy of this form is to be sent)										
If well produces oil or liquids,	le que actual	lu acan ana 49									
give location of tanks.	j M j		Twp. 18-5	5 26-E	No		Whea	When ?			
If this production is commingled with that IV. COMPLETION DATA	from any othe	er lease or	pool, gi	ve comming	ling order num	ber:					
IV. COMPLETION DATA					·						
Designate Type of Completion	- (X)	Oil Well	1	Gas Well	New Well	Workover	Despea	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Compi	l. Ready to	Prod.		Total Depth	L	L	P.B.T.D.	<u> </u>		
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation											
	Top Oil/Gas	Pay		Tubing Depth							
Perforations							·····	Depth Casing Shoe			
								- Charles Cases			
TUBING, CASING AND HOLE SIZE CASING A TUBING SIZE							D				
TIOCE GIZE	CASING & TUBING SIZE					DEPTH SET		- 0°	SACKS CEMENT		
								1 FD-3			
								che an			
V. TEST DATA AND REQUEST FOR ALLOWABLE								1			
OIL WELL (Test must be after re	covery of lot	al volume (of load	oil and must	he equal to or	eveced top allo	wahla fan 11.5				
Date First New Oil Run To Tank	Date of Test	l			Producing M	thod (Flow, pur	mone jor inc	GEPH OF DE J	or full 24 hou	<u>'8.)</u>	
Length of Test											
Tubing Pressure				Casing Press	ire		Choke Size				
Actual Prod. During Test Oil - Bbls.				Water - Bblg			Gas- MCF				
								out mer			
GAS WELL								<u></u>			
Actual Prod. Test - MCF/D Length of Test					Bbls. Condensate/MMCF			Gravity of Condensate			
Cesting Method (nite) hout											
Tubing Method (pitot, back pr.) Tubing Pressure (Shut-in)					Casing Pressure (Shut-in)			Choke Size			
VI. OPER ATOR CERTIFIC	ATE OF	COLOR		ICE							
VI. OPERATOR CERTIFICATE OF COMPLIANCE 1 hereby certify that the rules and regulations of the Oil Conservation					OIL CONSERVATION DIVISION						
Division have been complied with and that the information given above									2141210	/1 4	
is true and complete to the best of my knowledge and belief.						Approved	, Al	16 71	991		
Signature George C. Moreau Partner						By ORIGINAL SIGNED BY					
Bristod Many					MIKE WILLIAMS						
7/29/91 (505) 365-2499 Date					Title SUPERVISOR, DISTRICT IY						
Vel4		Telep	hone N	o							

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.