NO. OF COPIES RECEIVED	f *			¥		10
DISTRIBUTION SANTA FE /		NEA MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE AND				
U.S.G.S.	 AUTHC	RIZATION TO TR	ANSPORT OIL AND NA	TURAL GAS		v L D
LAND OFFICE					JUN 1	1366
GAS OPERATOR	¥				O. C.	
PRORATION OFFICE	'					
Address			<u>. 756 - 745</u>			
Reason(s) for filing (Check pro		<u>O. Box lott, B</u>	Oiher (Please e	explain)		
New Well	-	n Transporter of:	, / /			
Recompletion Change in Ownershi X	Oil Ca s inghe	ad Gas Conde	7==			
f change of ownership give and address of previous own	name Fetroleu er	m Corperation	of Texas, E. J. B	les italist	<u>in Kainidee</u>	5-45
DESCRIPTION OF WELL	AND LEASE	1 11 11 11 11 11 11 11 11 11 11 11 11 1	ame, Including Formation		ind of Lease	
Lease Name Resier Mates State	Butter #3 15		er Gravburg Sab A		tate, Federal or Fee	5 1. J.
Location			ne and			
Unit Letter ;						
Line of Section 29	Township 1	.85 Range	28E , NMPM,		<u>dd</u>	Count
DESIGNATION OF TRAN Name of Authorized Transport Wat Name of Authorized Transport	ero:Cul 🗌 👘 or C er Injection W	Condensate IEll	Address (Give address to Address (Give address to Address (Give address to			
Name of Authorized Transport Wat Name of Authorized Transport If well produces oil or liquids give location of tanks.	er of Cil or C er Injection W er of Casinghead Gas UnitSec	Condensate Vell or Dry Gas c. Twp. Rge.	Address (Give address to Address (Give address to Is gas actually connected	which approved		
Name of Authorized Transport Wat Name of Authorized Transport If well produces oil or liquids	er of Cil or C er Injection W er of Casinghead Gas Unit gled with that from an	Condensate I E 1 ! cr Dry Gas c. Twp. Rge. ny other lease or pool	Address (Give address to Address (Give address to Is gas actually connected , give commingling order	which approved	copy of this form is	to be sent)
Name of Authorized Transport Wat Name of Authorized Transport If well produces oil or liquids give location of tanks. If this production is commin	er of Cil or C er Injection W er of Casinghead Gas Unit gled with that from an	Condensate Vell or Dry Gas c. Twp. Rge.	Address (Give address to Address (Give address to Is gas actually connected	number:	copy of this form is	to be sent)
Name of Authorized Transport Wat Name of Authorized Transport If well produces oil or liquids give location of tanks. If this production is commin COMPLETION DATA	er of Cil or C er Injection W er of Casinghead Gas / Unit gled with that from an mpletion - (X)	Condensate I E 1 ! cr Dry Gas c. Twp. Rge. ny other lease or pool	Address (Give address to Address (Give address to Is gas actually connected , give commingling order	which approved	copy of this form is	to be sent)
Name of Authorized Transport Wath Name of Authorized Transport If well produces oil or liquids give location of tanks. If this production is commin COMPLETION DATA Designate Type of Co	er of Cil or C er Injection W er of Casinghead Gas Unit gled with that from an mpletion - (X) Date Compl.	Condensate Iel! cr Dry Gas c. Twp. Rge. ny other lease or pool Oil Well Gas Well	Address (Give address to Address (Give address to Is gas actually connected , give commingling order New Well Workover	which approved	copy of this form is Plug Back Same Re	to be sent)
Name of Authorized Transport Wat Name of Authorized Transport If well produces oil or liquids give location of tanks. If this production is commin COMPLETION DATA Designate Type of Co Date Spudded	er of Cil or C er Injection W er of Casinghead Gas Unit gled with that from an mpletion - (X) Date Compl.	Condensate Vell cr Dry Gas c. Twp. Rge. ny other lease or pool Oil Well Gas Well Ready to Prod.	Address (Give address to Address (Give address to Is gas actually connected , give commingling order New Well Workover	v which approved	copy of this form is Plug Back Same Re	to be sent)
Name of Authorized Transport Wat Name of Authorized Transport If well produces oil or liquids give location of tanks. If this production is commin COMPLETION DATA Designate Type of Co Date Spudded Pool Perforations	er of Cil or C er Injection W er of Casinghead Gas Unit gled with that from an mpletion - (X) Date Compl. Name of Proc	Condensate Vell' or Dry Gas c. Twp. Rge. ny other lease or pool Oil Well Gas Well Ready to Prod. iuding Formation TUBING, CASING, A	Address (Give address to Address (Give address to Is gas actually connected , give commingling order New Well Workover Total Depth Top Cil/(Gas Pay ND CEMENTING RECORD	b which approved	copy of this form is Plug Back Same Re D.B.T.D. Fubing Depth Depth Casing Shoe	to be sent)
Name of Authorized Transport Wath Name of Authorized Transport If well produces oil or liquids give location of tanks. If this production is commin COMPLETION DATA Designate Type of Co Date Spudded Pool	er of Cil or C er Injection W er of Casinghead Gas Unit gled with that from an mpletion - (X) Date Compl. Name of Proc	Condensate Ic1! cr Dry Gas c. Twp. Rge ny other lease or pool Oil Well Gas Well Ready to Prod. iucing Formation	Address (Give address to Address (Give address to Is gas actually connected , give commingling order New Well Workover Total Depth Total Depth Top Cil/Gas Pay	b which approved	Copy of this form is Plug Back Same Re P.B.T.D. Fubing Depth	to be sent)
Name of Authorized Transport Wat Name of Authorized Transport If well produces oil or liquids give location of tanks. If this production is commin COMPLETION DATA Designate Type of Co Date Spudded Pool Perforations	er of Cil or C er Injection W er of Casinghead Gas Unit gled with that from an mpletion - (X) Date Compl. Name of Proc	Condensate Vell' or Dry Gas c. Twp. Rge. ny other lease or pool Oil Well Gas Well Ready to Prod. iuding Formation TUBING, CASING, A	Address (Give address to Address (Give address to Is gas actually connected , give commingling order New Well Workover Total Depth Top Cil/(Gas Pay ND CEMENTING RECORD	b which approved	copy of this form is Plug Back Same Re D.B.T.D. Fubing Depth Depth Casing Shoe	to be sent)
Name of Authorized Transport Watz Name of Authorized Transport If well produces oil or liquids give location of tanks. If this production is commin COMPLETION DATA Designate Type of Ca Date Spudded Pool Perforations HOLE SIZE TEST DATA AND REQU	r of Cil or C er Injection W er of Casinghead Gas Unit gled with that from an mpletion - (X) Date Compl. Name of Proc	Condensate cr Dry Gas c. Twp. Rge. ny other lease or pool Oil Well Gas Well Ready to Prod. iucing Formation TUBING, CASING, AI G & TUBING SIZE ABLE (Test must be	Address (Give address to Address (Give address to Is gas actually connected , give commingling order New Well Workover Total Depth Top Cll/Gas Pay ND CEMENTING RECORD DEPTH SE	o which approved 1? When 1? Deepen D T D T number: 1 Deepen F 1 1 1 1 1 1 1 1 1 1 1 1	copy of this form is Plug Back Same Re P.B.T.D. Pubing Depth Depth Casing Shoe SACKS CE	to be sent)
Name of Authorized Transport Watz Name of Authorized Transport If well produces oil or liquids give location of tanks. If this production is commin COMPLETION DATA Designate Type of Co Date Spudded Pool Perforations HOLE SIZE	er of Cil or C er Injection W er of Casinghead Gas Unit gled with that from an mpletion - (X) Date Compl. Name of Proc CASIN EST FOR ALLOW:	Condensate Vell or Dry Gas c. Twp. Rge. ny other lease or pool Oil Well Gas Well Ready to Prod. iuding Formation TUBING, CASING, AI G & TUBING SIZE ABLE (Test must be able for this	Address (Give address to Address (Give address to Is gas actually connected , give commingling order New Well Workover Total Depth Top Cil/Gas Pay ND CEMENTING RECORD DEPTH SE	which approved 1? When 1? Deepen Deepen F 1 Deepen F	copy of this form is Plug Back Same Re P.B.T.D. Pubing Depth Depth Casing Shoe SACKS CE	to be sent)
Name of Authorized Transport Watz Name of Authorized Transport If well produces oil or liquids give location of tanks. If this production is commin COMPLETION DATA Designate Type of Co Date Spudded Pool Perforations HOLE SIZE HOLE SIZE DIL WELL	er of Cil or C er Injection W er of Casinghead Gas Unit gled with that from an mpletion - (X) Date Compl. Name of Proc CASIN EST FOR ALLOW:	Condensate Ic1 ! or Dry Gas c. Twp. Rge. ny other lease or pool Oil Well Gas Well Ready to Prod. iuding Formation TUBING, CASING, AI G & TUBING SIZE ABLE (Test must be able for this	Address (Give address to Address (Give address to Is gas actually connected , give commingling order New Well Workover Total Depth Total Depth Top Cll/Gas Pay ND CEMENTING RECORD DEPTH SE	b which approved 1? When 1. Deeper. P 1. Deeper. P 1. F 1. T D D D T T ne of load oil and 1. pump, gas lift,	copy of this form is Plug Back Same Re P.B.T.D. Pubing Depth Depth Casing Shoe SACKS CE	to be sent)
Name of Authorized Transport Wath Name of Authorized Transport If well produces oil or liquids give location of tanks. If this production is commin COMPLETION DATA Designate Type of Co Date Spudded Pool Perforations HOLE SIZE HOLE SIZE Date First New Oil Run To T	er of Cil or C er Injection W er of Casinghead Gas Unit Sec gled with that from an mpletion - (X) Date Compl. Name of Proc CASIN JEST FOR ALLOW anks Date of Test	Condensate Ic1 ! or Dry Gas c. Twp. Rge. ny other lease or pool Oil Well Gas Well Ready to Prod. iuding Formation TUBING, CASING, AI G & TUBING SIZE ABLE (Test must be able for this	Address (Give address to Address (Give address to Is gas actually connected , give commingling order New Weil Workover Total Depth Top Cil/Gas Pay ND CEMENTING RECORI DEPTH SE DEPTH SE After recovery of total volum depth or be for full 24 hours, Producing tothet (Flow	b which approved 1? When 1 Deepen P 1 D	copy of this form is Plug Back Same Re D.B.T.D. Pubing Depth Depth Casing Shoe SACKS CE	to be sent)
Name of Authorized Transport Wat: Name of Authorized Transport If well produces oil or liquids give location of tanks. If this production is commin COMPLETION DATA Designate Type of Co Date Spudded Pool Perforations HOLE SIZE UDATE SIZE Date First New Oil Run To T Length of Test	er of Cil or C er Injection W er of Casinghead Gas Unit Sec gled with that from an mpletion - (X) Date Compl. Name of Proc CASIN IEST FOR ALLOW? anks Date of Test Tubing Press	Condensate Ic1 ! or Dry Gas c. Twp. Rge. ny other lease or pool Oil Well Gas Well Ready to Prod. iuding Formation TUBING, CASING, AI G & TUBING SIZE ABLE (Test must be able for this	Address (Give address to Address (Give address to Is gas actually connected , give commingling order New Well Workover Total Depth Top Cil/Gas Pay ND CEMENTING RECORD DEPTH SE DEPTH SE I after recovery of total volum depth or be for full 24 hours, Producing Vethed (Flow, Casing Fressure	b which approved 1? When 1 Deepen P 1 D	copy of this form is Plug Back Same Re P.B.T.D. Pubing Depth Depth Casing Shoe SACKS CE d must or equal to or etc.: Choice Size	to be sent)
Name of Authorized Transport Wat: Name of Authorized Transport If well produces oil or liquids give location of tanks. If this production is commin COMPLETION DATA Designate Type of Co Date Spudded Pool Perforations HOLE SIZE UDATE SIZE Date First New Oil Run To T Length of Test	er of Cil or C er Injection W er of Casinghead Gas Unit Sec gled with that from an mpletion - (X) Date Compl. Name of Proc CASIN IEST FOR ALLOW? anks Date of Test Tubing Press	Condensate I (1) cr Dry Gas c. Twp. Rge. ny other lease or pool Oil Well Gas Well Ready to Prod. iucing Formation TUBING, CASING, AI G & TUBING SIZE ABLE (Test must be able for this sure	Address (Give address to Address (Give address to Is gas actually connected , give commingling order New Well Workover Total Depth Top Cil/Gas Pay ND CEMENTING RECORD DEPTH SE DEPTH SE I after recovery of total volum depth or be for full 24 hours, Producing Vethed (Flow, Casing Fressure	b which approved 1? When number: Deeper. P 1 Deeper. P 1 T D D T D D D T D D D D D D D D D D D D D	copy of this form is Plug Back Same Re P.B.T.D. Pubing Depth Depth Casing Shoe SACKS CE d must or equal to or etc.: Choice Size	to be sent)
Name of Authorized Transport Wath Name of Authorized Transport If well produces oil or liquids give location of tanks. If this production is commin COMPLETION DATA Designate Type of Co Date Spudded Pool Perforations HOLE SIZE HOLE SIZE Date First New Oil Run To T Length of Test Actual Prod. During Test GAS WELL	er of Cil or C er Injection W er of Casinghead Gas Unit Sec gled with that from an mpletion - (X) Date Compl. Name of Proc CASIN Date of Test Tubing Press Oil-Bbls. Length of Test	Condensate Ne1! cr Dry Gas c. Twp. Rge. ny other lease or pool OII Well Gas Well Ready to Prod. iucing Formation TUBING, CASING, Al G & TUBING SIZE ABLE (Test must be able for this sure	Address (Give address to Address (Give address to Is gas actually connected , give commingling order New Weil Workover Total Depth Top Cil/Gas Pay ND CEMENTING RECORI DEPTH SE DEPTH SE Casing Freesure Water-Bhls.	b which approved	copy of this form is Plug Back Same Re D.B.T.D. Pubing Depth Depth Casing Shoe SACKS CE d must oc equal to of etc Chove Size Gas-MCP	to be sent)
Name of Authorized Transport Wath Name of Authorized Transport If well produces oil or liquids give location of tanks. If this production is commin COMPLETION DATA Designate Type of Co Date Spudded Pool Perforations HOLE SIZE HOLE SIZE Date First New Oil Run To T Length of Test Actual Prod. During Test GAS WELL Actual Prod. Test-MCF/D	er of Cil or C er Injection W er of Casinghead Gas Unit Sec gled with that from an mpletion - (X) Date Compl. Name of Proc CASIN CASIN JEST FOR ALLOW anks Date of Test Tubing Press Oil-Bbls. Cil-Bbls.	Condensate Ne1! cr Dry Gas c. Twp. Rge. ny other lease or pool OII Well Gas Well Ready to Prod. iucing Formation TUBING, CASING, Al G & TUBING SIZE ABLE (Test must be able for this sure	Address (Give address to Address (Give address to Is gas actually connected , give commingling order New Well Workover Total Depth Top CII/Gas Pay ND CEMENTING RECORD DEPTH SE DEPTH SE DEPTH SE Casing Freasure Water - Bils. Bbls. Condensate/MMCF Casing Pressure	which approved i? When i number: Deeper. Deeper. F i Deeper. F i D T T ne of load oil and pump, gas lift,	copy of this form is Plug Back Same Re Plug Back Same Re P.B.T.D. Publing Depth Depth Casing Shoe SACKS CE Choce Size Gas-MCP Gravity of Condensa	to be sent)

H

Dried Day		
/(Signature)	David	Dey
Chiz Froduction	Clerk	-
(Title)		

<u>May 18, 1985</u> (Date '

BY ME armistrong
TITLE
This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allow-able on new and recompleted wells.

Fill out Sections I, II. III, and VI only for changes of owner, well name or number, or transporter, or other such change of condition.