| Submit 5 Copies Appropriate Distaint Office DISTRICT 1 | | Laergy, M | - | tate of No and Nati | | RECEIVED | | | | | |
|---|--|--|--------------------|------------------------|---|---|--|---------------------------------------|-------------------|--------------------------------------|--|
| P.O. Box 1980, Hobbs, NM 88240 DISTRICT II P.O. DESWER DD, Assein, NM 88210 DISTRICT III | | OIL CONSERVATION DIVISIO P.O. Box 2088 Santa Fe, New Mexico 87504-2088 | | | | | | DEC 7'90 O. C. D. | | | |
| 1000 Rio Brizos Rd., Aziec, NM 87410 | | | | | BLE AND A | | IZATION AS | ISIA, OFFICE | 6 | Op | |
| Opensor R.W.K. Resources, Inc. | | | | | | | Well A | PINO. 015-20 | 0420 | artalis are Santalis Santalist | |
| Address 120 Birmingham | | | o 21 | 0 Ca | rdiff | | 2007 | | | State of the | |
| Resson(s) for Filing (Check proper box) New Well Recompletion Change in Operator | Oil Casingber | Change in | | ter of: | | tt (Please exp | lain) | ffective | date 1 1 | ./1/90~ | |
| If change of operator give sameCl | hevron | U.S.A. | Inc, | P.O. E | lox 1150, | Midlan | d, Texas | 79702 | | | |
| IL DESCRIPTION OF WELL | AND LEASE Well No. Pool Name, Including Formation | | | | | | | Kind of Lesse | | | |
| Jones D | | 4 Atoka San | | | | - | | | Halidail or Fee | | |
| Location Unit LetterE | _ : | 1650 | Feet Fro | a The | North Lin | and330 |) . Fr | et From The . | West | Line | |
| Section 18 Townshi | p 18 S | 5 | Range | 27 E | , NI | MPM, Ed | ldy | | | County - | |
| III. DESIGNATION OF TRAN | SPORTE | | |) NATU | RAL GAS | | | | | · | |
| · · | · IXX IIII | | | | | | ddress to which approved copy of this form is to be sent) Treeman Avenue, Artesia, N.M. 88210 | | | | |
| Name of Authorized Transporter of Casia Phillips Petroleum | ne of Authorized Transporter of Casinghead Gas | | | | | Address (Give eddress to which approved copy of this form is to be sample 4001 Penbrook, Odessa, Texas 79762 | | | | | |
| If well produces oil or liquids, give location of tanks. | Unit H | Sec. 13 | Twp. 185 | • • | ls gas actuals Yes | | When | 1 | 2/71 | | |
| If this production is commingled with that IV. COMPLETION DATA | | | · · · · · · | A | | ber: | l | | | | |
| Designate Type of Completion | - 00 | Oil Well | 0 | as Well | New Well | Workover | Deepea | Plug Back | Same Res'v | Diff Ret'v | |
| Date Spudded | | pi. Ready to | Prod. | | Total Depth | L | | P.B.T.D. | 1 | <u> </u> | |
| Elevations (DF, RKB, RT, GR, etc.) | Name of Producing Formation | | | | Top Oil/Gas Pay | | | Tubing Dep | Tubing Depth | | |
| Perforations | | | | | I | | | | Depth Casing Shoe | | |
| | | TUBING, | CASIN | IG AND | CEMENTI | | | · | ······ | | |
| HOLE SIZE | CASING & TUBING SIZE | | | | DEPTH SET | | | Post ID-3 | | | |
| | | | | | | | -13-21=90 | | | | |
| | · · · · · · | | | | | | | | kg np | · | |
| V. TEST DATA AND REQUE | | | | , | L | | | 2 | -8-21 | | |
| OIL WELL (Test must be after 1 Date First New Oil Run To Tank | Date of Test | | | | be equal to or exceed top allowable for this depth or be for full 24 hours.) Producing Method (Flow, pump, gas lift, etc.) | | | | | | |
| Length of Test | Tubing Pressure | | | | Casing Pressure | | | Choke Size | | | |
| Actual Prod. During Test | Oil - Bbls. | | | | Water - Bbis. | | | Gas- MCF | | | |
| GAS WELL | _I | | | | <u> </u> | | <u></u> | <u> </u> | | | |
| Actual Prod. Test - MCF/D | Length of Test | | | | Bbis. Condensate/MMCF | | | Gravity of Condensate | | | |
| Testing Method (pilot, back pr.) | Tubing 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 complete to the best of my knowledge and belief. Signature Reiner Klawiter, President | | | | | OIL CONSERVATION DIVISION JAN 3 1 1991 By | | | | | | |
| Printed Name 11/29/90 (619) 943-3448 | | | | | Title | | | | | | |
| Date | | | phone No | | | Same States | ••• • • • | , , , , , , , , , , , , , , , , , , , | | | |
| INSTRUCTIONS: This for | n is to be | filed in c | ompliar | ce with | Rule 1104 | | | | | • | |

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 in the section 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.