Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240 DISTRICT

7 gy, Minerals and Natural Resources Departme

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Revised 1-1-89 See instruction at Bottom of P

OIL CONSERVATION DIVISION P.O. Box 2088

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O. DIEWE DD, ARREL RM 66219	Santa Fe, New Mexico 87504-2088 O. C. D.											
ISTRICT III 200 Rio Brazos Rd., Azzec, NM 87410	REQUI	EST FOR	R ALL SPO	OWABI	LE AND A	UTHORIZ	\S -	RTESIA, OF		6)		
) Penior Owens Pet			./				Well A	PINo. 30-015	-25931			
Address												
P.O. Box	2911,	Midlar	nd,	Техаз	79702	- (Please						
lesson(s) for Filing (Check proper box)		Change in To	-	aa ad:	☐ Off	g (Please expid	wy					
New Well Recompletice	Oii	· · ·	ry Ges									
Change in Operator	Caringhead		ondens									
change of operator give name) () i 1 ar	od Cae C	COMD	anv. D	ivision	of Atlan	tic Ric	field C	ompany			
P. 0). Box	L710, Ho	obbs	, New !	Mexico	88240			• .			
L DESCRIPTION OF WELL	AND LEA	Well No. Po	ool Nar	ne. Includia	e Formation	 		(Lease		use Na		
Lease Name Atlantic Fed 5		1			t Bone S	prings	xState.	Federal OKTOR	NM 68	038		
Location		<u>.</u>										
Unit Letter B	:660	Fe	eet From	n The No	rth Lin	and 1980)· Foo	et From The _	East	Line		
Section 5 Township	18S	R	ange	31E	, 10	MPM, Ec	ld y		<u> </u>	County		
II. DESIGNATION OF TRAN	SPORTE	R OF OIL	AND	NATUI	RAL GAS			*.**		-41		
Name of Authorized Transporter of Oil		or Condensat			Address (Giv	e address to wi						
Koch Oil Co., Division	n of Ko	ch_Indu	stri	es Inc	. P. O	Box 15'	58. Brec	kenridge	TX 761)24		
Name of Authorized Transporter of Casing	ghead Gas	X a	r Dry C	ies		1959, M <u>i</u>			702	-,		
Conoco Y well produces oil or liquids,	Unit	Unit Sec. Twp. Rge.				y connected?	Whea					
ive location of tanks.	В		18S	31E	Yes		111/	7/88				
f this production is commingled with that IV. COMPLETION DATA	from any oth	er lease or po	ol, give	commingli	ing order num							
Designate Type of Completion	. 00	Oil Well	G	s Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v		
Date Spudded		Date Compt. Ready to Prod.				Total Depth			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Pr	Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth			
Perforations	<u> </u>								Depth Casing Shoe			
								[
		TUBING, CASING AND				DEPTH SET			SACKS CEMENT			
HOLE SIZE	CA	SING & TUB	ING S	ZE		DEP IN SET		Post I 0-3				
								2	-8-91			
	 								chy ap	>		
									<u>d</u>			
V. TEST DATA AND REQUES OIL WELL (Test must be after t	ST FOR A	LLOWAL Mal volume of	BLE Tlood o	il and must	be equal to o	exceed top all	owable for this	s depth or be ;	for full 24 hou	78.)		
Date First New Oil Run To Tank	Date of Te				Producing M	ethod (Flow, p	ump, gas lift, d	uc.)				
Length of Test	Tubing Pressure				Casing Pressure			Choke Size				
Actual Prod. During Test	Oil - Bbls.	Oil - Bbls.				Water - Bbls.			Gas- MCF			
CAC WELL				<u></u> .								
GAS WELL Actual Prod. Test - MCF/D	Length of	Test			Bbis. Conde	sau/MMCF		Gravity of C	ondensate			
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size				
VI. OPERATOR CERTIFIC	CATE OF	COMPL	JAN	CE			USERV	⊥ ΔTIΩN	DIVISIO	NO.		
I hereby certify that the rules and regul	lations of the	Oil Conserve	Mice		1		10L11V					
Division have been complied with and is true and complete to the best of my	knowledge a	rannuce gives ad belief.	# #DOW\$		Date	Approve	ed	FEB	7 1991			
(Quantity)	dula	4				• • •	-	וטאבה פי	, :			
Signature Kenneth R. O		Dro	esid	ent	∥ By_	MAI	GINAL S	SSS				
- коппотп к. О	WELLS	716	.a.(0	CHL		51.1	and the second of the second of the	17:10				

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

Printed Name

1/31/91

1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.

Title.

SUPERVISOR, DISTRICT IT

2) All sections of this form must be filled out for allowable on new and recompleted wells.

683-4627

Telephone No.

- 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.

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