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

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

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

State of New Mexico
Energy, Minerals and Natural Resources Department

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

Form C-104
Revised 1-1-89
See Instructions
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RECEIVED

MAY 20 1991

O. C. D.
ARTESIA, OFFICE

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator Avon Energy Corp.	Well API No. 30-015-26388
Address P.O. Box 37, Loco Hills, NM 88255	
Reason(s) for Filing (Check proper box) New Well <input checked="" type="checkbox"/> Other (Please explain) <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Transporter of: Change in Operator <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	

If change of operator give name
and address of previous operator

II. DESCRIPTION OF WELL AND LEASE

Lease Name Turner "B"	Well No. 80	Pool Name, Including Formation Grayburg Jackson	Kind of Lease Federal	Lease No. LC029395-B
Location Unit Letter L : 2565 Feet From The South Line and 1305 Feet From The West Line Section 29 Township 17S Range 31E, NMPM, Eddy County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Texas-New Mexico Pipeline Co.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 2528, Hobbs, NM 88240			
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Continental Oil Company	Address (Give address to which approved copy of this form is to be sent) P.O. Box 460, Hobbs, NM 88240			
If well produces oil or liquids, give location of tanks.	Unit D	Sec. 29	Twp. 17S	Rge. 31E
Is gas actually connected? Yes		When? 11/13/90		

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well X	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 10/21/90	Date Compl. Ready to Prod. 11/13/90	Total Depth 3600'	P.B.T.D. 3543'					
Elevations (DF, RKB, RT, GR, etc.) 3681' GR	Name of Producing Formation Grayburg San Andres	Top Oil/Gas Pay 3093'	Tubing Depth 2950'					
Perforations 3093-3536 25 15/32" holes		Depth Casing Shoe 3597'						
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE 12-1/4"	CASING & TUBING SIZE 8-5/8"	DEPTH SET 599'	SACKS CEMENT 516 sx CI "C"					
7-7/8"	5-1/2"	3597'	1000 sx LW + 600 sx. CI "C"					
	2-7/8"	2950'	Prod ID-2 5-21-91 Camp & B.R.					

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 11/13/90	Date of Test 11/25/90	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 hr.	Tubing Pressure 325	Casing Pressure 325	Choke Size 20/64"
Actual Prod. During Test	Oil - Bbls. 233	Water - Bbls. 375	Gas - MCF 175

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MCMCF	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 Satzler
Printed Name
Robert Satzler
Date
5/6/91
Title
Consultant
Telephone No.
505/627-3223

OIL CONSERVATION DIVISION

Date Approved
MAY 24 1991

By
ORIGINAL SIGNED BY
MIKE WILLIAMS
Title
SUPERVISOR, DISTRICT II

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.