OIL CONSERVATION DIVISION

Drawer DD Artesia, N.M.

DISTRICT OFFICE II

January thru June 1991 NO.______2125 N

SUPPLEMENT TO THE OIL PRORATION SCHEDULE

DATE Nay 24, 1991

PURPOSE _____ ALLOWABLE ASSIGNMENT - New Oil

Effective May 1, 1991 an allowable for an oil well in a waterflood area is hereby assigned to Avon Energy Corp., Turner B #81-J-29-17-31 in the Grayburg Jackson Seven Rivers Queen Grayburg San Andres Pool.

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MM/rm Avon Phergy Corp. 1124 COM

OIL CONSERVATION DIVISION

DISTRICT SUPERVISOR

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Submit 5 Copies Appropriate District Office DISTRICT 1	State of New Mexico Energy, Minerals and Natural Resources Department			C(7'7 Form C-104 Revised 1-1-89	
P.O. Box 1980, Hobbs, NM 88240 DISTRICT II	OIL CONSERVATION DIVISION P.O. Box 2088		RECEIVED at Bottom of Page		
P.O. Drawer DD, Artesia, NM 88210	Santa Fe, New Mexico 87504-2088		MAY 20	1991	
DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410 I					
Openior Avon Energy Corp.			Well API No. 30-015- 26389		
Address P.O. Box 37, Loco Hills, NM 88255					
Reason(s) for Filing (Check proper box)		Other (Please explain)		· · · ·	
New Well	Change in Transporter of: Oil Dry Gas				
Change in Operator	Casinghead Gas Condensate				
If change of operator give name and address of previous operator					
II. DESCRIPTION OF WELL	AND LEASE				
Lease Name Turner "8"			Kind of Lease	Leuse No.	
			The federal states	LC029395-B	
Unit Letter	_ :2545 Feet From The	South Line and 2615	Feet From The	EastLise	
Section 29 Townshi	p 175 Range 31E	, <u>NMPM,</u>	Eddy	County	
111. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil Or Condensate Address (Give address to which approved can of this form in to be approved.					
Texas-New Mexico Pi	Deline Co.	Address (Give address to which a P.O. Box 2528,		is to be sent) 88240	
Name of Authorized Transporter of Casing	ghead Gas 🔀 or Dry Gas		s to which approved copy of this form is to be sent)		
Continental Oil Com If well produces oil or liquids,	······································		Box 460, Hobbs, NM 88240		
give location of tanks.	D 29 175 31E	Is gas actually connected? Yes	When 7 11/	23/90	
If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA					
Designate Type of Completion		i i i	eepen Plug Back Sa	me Res'v Diff Res'v	
Date Spuddod 11/08/91	Date Compl. Ready to Prod. 11/23/90	Total Depth 3700'	P.B.T.D.	3645'	
Elevations (DF, RKB, RT, GR, etc.) 3745 'GR	Name of Producing Formation	Top Oil Cas Pay	Tubing Depth		
Perforations	Grayburg San Andres	ayburg San Andres 3230'		3541 ' Depth Casing Shoe	
3230 - 3628 22 1	15/32" holes	3698'			
	TUBING, CASING AND				
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		SACKS CEMENT	
7-7/8"	5-1/2"	<u>600'</u> 3698'			
	2-7/8"			Port ID-2	
V. TEST DATA AND REQUES	FOR ALLOWARLE			5-31-91	
OIL WELL (Test must be after r	ecovery of total volume of load oil and must	be equal to or exceed top allowabi	e for this depth or be for	Banco + BK (ull 24 hours.)	
Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)			
11/23/90 Length of Test	11/25/90 Tubing Pressure	Elowing Casing Pressure Choke Size			
24 hr.	160#	160#		20/64"	
Actual Prod. During Test	ОН - Выз. 278	Water - Ubla. 208	Gas- MCF		
GAS WELL		208		200	
Actual Prod. Test - MCI7D	Length of Test	Bols. Condensate/MINICF	Gravity of Condensate		
Festing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shui in) Choke Size			
VI. OPERATOR CERTIFICATE OF COMPLIANCE					
I hereby certify that the rules and regul	OIL CONSI	ERVATION D	IVISION		
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.					
	Date Approved .	MAY 2 4	1991		
Robert Set					
Signalure () RF (Bobert Setzler Consultant		By ORIGINAL SIGNED BY MIKE WILLIAMS			
Printed Name	TitleSU	IPER/ISOR, DISTR	RICT II		
Dule	505/677-3223 Telephone No.				

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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.
 A) Senamic Form C-104 must be filed for such pool in multiply superlated wells.