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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
at Bottom of Page

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. 30-015-26571
Address P.O. Box 37, Loco Hills, NM 88255	
Reason(s) for Filing (Check proper box) New Well <input checked="" type="checkbox"/> <input type="checkbox"/> Other (Please explain) 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. 88	Pool Name, Including Formation Grayburg Jackson	Kind of Lease State, Federal, or Private	Lease No. LC029395-B
Location Unit Letter <u>X</u> : <u>1335</u> Feet From The <u>South</u> Line and <u>1335</u> Feet From The <u>EAST</u> Line Section <u>29</u> Township <u>17S</u> Range <u>31E</u> , NMPM, <u>Eddy</u> 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 0	Sec. 29	Twp. 17S	Rge. 31E	Is gas actually connected? Yes	When? 1/4/91

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 <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> New Well <input type="checkbox"/> Workover <input type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input type="checkbox"/> Same Res'v <input type="checkbox"/> Diff Res'v <input type="checkbox"/>	Date Spudded 12/17/90	Date Compl. Ready to Prod. 1/1/91	Total Depth 3745'	P.B.T.D. 3722'
Elevations (DF, RKB, RT, GR, etc.) 3747' GR	Name of Producing Formation Grayburg San Andres	Top Oil/Gas Pay 3315'	Tubing Depth 3601'	Depth Casing Shoe 3745'
Perforations 3315 - 3688 25 15/32" holes				

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/4"	8-5/8"	605'	550 sx. Cl "C"
7-7/8"	5-1/2"	3745'	550 sx. LW + 675 sx. Cl "C"
	2-7/8"	3601'	

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 1/4/91	Date of Test 1/5/91	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 hrs.	Tubing Pressure 180#	Casing Pressure 100#	Choke Size 24/64"
Actual Prod. During Test	Oil - Bbls. 186	Water - Bbls. 744	Gas - MCF 110

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MCF	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 Setzler
Printed Name
Robert Setzler
Title
Consultant
Date
5/6/91
Telephone No.
505/677-3223

OIL CONSERVATION DIVISION

Date Approved JUN 14 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.