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State of New Mexico
Energy, Minerals and Natural Resources Department

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

O. C. D.
ARTESIA, OFFICE

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

RECEIVED
MAY 20 1991

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator Avon Energy Corp.	Well API No. 30-015- 26595
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. 89	Pool Name, Including Formation Grayburg Jackson	Kind of Lease State, Federal and	Lease No. LC029395-B
Location Unit Letter C : 30 Feet From The North Line and 1350 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?			When?	
Yes			1/19/91	

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	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 12/30/91	Date Compl. Ready to Prod. 1/18/91		Total Depth 3800'		P.B.T.D. 3754'			
Elevations (DF, RKB, RT, GR, etc.) 3634'	Name of Producing Formation Grayburg San Andres		Top Oil/Gas Pay 3117'		Tubing Depth 3359'			
Perforations 3291-3309 8 holes 3117-3243 14 holes		15/32" holes		Depth Casing Shoe 3800'				
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-1/4"	8-5/8"		605'		465 sx. CI "C"			
7-7/8"	5-1/2"		3800'		1700 sx. LW + 675 sx. C			
	2-7/8"		3359'		Part ID-2 5-31-91 Bump + BH			

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 1/19/91	Date of Test 1/19/91	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 19-1/2 hrs.	Tubing Pressure 700 #	Casing Pressure 550#	Choke Size 10/64"
Actual Prod. During Test	Oil - Bbls. 257	Water - Bbls. 450	Gas - MCF 150.5

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	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.

Robert Setzler
Signature
Robert Setzler
Printed Name
5/6/91
Date
505/677-3223
Telephone No.

Consultant
Title

OIL CONSERVATION DIVISION

Date Approved MAY 22 1991

By ORIGINAL SIGNED BY
MIKE WILLIAMS
SUPERVISOR, DISTRICT II

Title

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 multiple completed wells.