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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

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

JUN 27 1991

O. C. D.
ARTESIA, OFFICE

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator Avon Energy Corp.		Well API No. 30-015-26595
Address PO Box 37, Loco Hills, NM 88255		
Reason(s) for Filing (Check proper box) New Well <input checked="" type="checkbox"/> Change in Transporter of: Recompletion <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Change in Operator <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. 91	Pool Name, including Formation Grayburg-Jackson	Kind of Lease State, Federal or Fee	Lease No. LC029395-B
Location Unit Letter <u>A</u> : <u>140</u> Feet From The <u>N</u> Line and <u>1270</u> Feet From The <u>E</u> Line Section <u>29</u> Township <u>17S</u> Range <u>31E</u> , 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? 1-26-91	

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 1-19-91	Date Compl. Ready to Prod. 1-25-91	Total Depth 3620	P.B.T.D. 3586
Elevations (DF, RKB, RT, GR, etc.) 3634	Name of Producing Formation Grayburg		Top Oil/Gas Pay 3123	Tubing Depth 3417
Performances 3382-3327, 3296-3205, 3125-3123			Depth Casing Shoe 3617	

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/4"	8-5/8"	598	465 SK C/C (circ)
7-7/8"	5-1/2"	3617	1400 SK LW + 550 C/C (circ)
	2-7/8"	3417	Post ID-2 7-26-91 camp & BK

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 1-26-91	Date of Test 1-30-91	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 hrs.	Tubing Pressure 80 #	Casing Pressure —	Choke Size 17/64"
Actual Prod. During Test	Oil - Bbls. 128	Water - Bbls. 118	Gas- MCF 118

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.

Signature
Robert Setzler
Printed Name
6-26-91
Date
Consultant
Title
505/677-3223
Telephone No.

OIL CONSERVATION DIVISION

Date Approved JUL 19 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.