

OIL CONSERVATION DIVISION

JUN 27 1991

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

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

O. C. D.
ARTESIA, OFFICE

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator Avon Energy Corp.		Well API No. 30-015-26606
Address PO Box 37, Loco Hills, NM 88255		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
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. 90	Pool Name, including Formation Grayburg-Jackson	Kind of Lease State, Federal or Fee	Lease No. LC029395-B
Location Unit Letter <u>C</u> : <u>75'</u> Feet From The <u>North</u> Line and <u>2610</u> Feet From The <u>West</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? 3-19-91

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
	X		X					
Date Spudded 1-11-91	Date Compl. Ready to Prod. 3-19-91		Total Depth 3606		P.B.T.D. 3558			
Elevations (DF, RKB, RT, GR, etc.) 3689	Name of Producing Formation Grayburg		Top Oil/Gas Pay 3002		Tubing Depth 3113			
Perforations 3002-3014, 3031-3068, 3075-3086, 3181-3291				Depth Casing Shoe 3603				
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE 12-7/4"	CASING & TUBING SIZE 8-5/8"		DEPTH SET 606.43		SACKS CEMENT 465 SK C (circ)			
7-7/8"	5-1/2"		3603		1100 SK LW + 520 SK C (circ)			
	2-7/8"		3113					

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 3-19-91	Date of Test 3-19-91	Producing Method (Flow, pump, gas lift, etc.) PUMPING	
Length of Test 24 hrs.	Tubing Pressure	Casing Pressure	Choke Size 6 amp + AR
Actual Prod. During Test	Oil - Bbls. 37	Water - Bbls. 451	Gas - MCF 35.5

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.

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.