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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

RECEIVED

JUN 05 1991

O. C. D.
ARTESIA, OFFICE

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator Avon Energy Corp.	Well API No. 30-015-26620
Address P.O. Box 37, Loco Hills, NM 88255	
Reason(s) for Filing (Check proper box) <input checked="" type="checkbox"/> New Well <input type="checkbox"/> Other (Please explain)	
Recompletion <input type="checkbox"/> Change in Transporter of: <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. 98	Pool Name, Including Formation Grayburg Jackson	Kind of Lease Federal	Lease No. LC029395-B
Location Unit Letter M : 1270 Feet From The South Line and 50 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? Yes	When? 4-12-91

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 <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 3-23-91	Date Compl. Ready to Prod. 4-12-91		Total Depth 3750'		P.B.T.D. 3704'			
Elevations (DF, RKB, RT, GR, etc.) 3657' GR	Name of Producing Formation Grayburg San Andres		Top Oil/Gas Pay 391'		Tubing Depth 3704'			
Perforations 3470-3464 4 holes 3739-3703 9 holes	3620-3564 9 holes 3524-3191 19 holes				Depth Casing Shoe 3750'			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17 1/2"	12 3/4"		398'		500 SK CL.C.			
11"	8 5/8"		1485'		500 SK L.V. + 200 SK CL.C.			
7 7/8"	5 1/2"		3750'		250 SK L.V. + 850 SK CL.C.			
	2 7/8"		3705'					

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 4-12-91	Date of Test 4-20-91	Producing Method (Flow, pump, gas lift, etc.) Flowing Post TD-2 8-2-91	
Length of Test 24 hrs	Tubing Pressure	Casing Pressure 10 #	Choke Size 1" comp & BK
Actual Prod. During Test	Oil - Bbls. 230	Water - Bbls. 31	Gas - MCF 115

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/M/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
Date
5/6/91
Title
Consultant
Telephone No.
505/672-3223

OIL CONSERVATION DIVISION

Date Approved
JUL 29 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 recompleted wells.