Bit Barles NM 1980, Hobbs, NM 198240 OIL CONSERVATION DIVISION JUN 0 5 1991 DISTRICTI F.O. Drawer DD, Antesia, NM 188210 Santa Fe, New Mexico 87504-2088 O. C. D. ARTERIA OFFICE ARTERIA OFFICE ARTERIA OFFICE DISTRICTI REQUEST FOR ALLOWABLE AND AUTHORIZATION ARTERIA OFFICE I TO TRANSPORT OIL AND NATURAL GAS Oile CONSERVATION DIVISION JUN 0 5 1991 I Avon Energy Corp. ARTERIA OFFICE Address P.O. Box 37, Loco Hills, NM 88255 Santa Fe, New Mexico 87504-2088 30-015- 24d Address P.O. Box 37, Loco Hills, NM 88255 Content Planta 30-015- 24d Recontly for Filing (Chret proper box) Change in Transporter of: Change in Operator Other (Please explain) Weil API Na New Well Gradpelo Operator Gradpelo Operator Gradpelo Operator Locase If change of Operator Gradpelo Operator Gradpelo Operator Locase Locases Utal Letter M 1210 Feet From The South Line and SO Feet From The Netst Section 24 Township TS Range 31E NMMR4 In DESIGNATION OF TRANSPORTER OF OIL AND NATURAL (SAS Address for which approve	1					
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If well produces oil or line/da, pice bacillo of units. Unit Soc. Twp. Rgc. is prin actually connected? When if 4-12.41 If this produces oil or nondigited with that from any other lease or pool, give commingling order number: Yess Yess 4-12.41 Designate Type of Completion - (X) Oil Well Gas Well New Well Workover Deepen Plug Back [Same Resv. [Diff Date Spadded 3-23-91 Date Comp. Really to Prod. Table [Same Resv. [Diff Plug Back [Same Resv. [Diff Date Spadded 3-23-91 Date Comp. Really to Prod. Table [Same Resv. [Diff Plug Back [Same Resv. [Diff Date Spadded 3-23-91 Date Comp. Really to Prod. Table [Same Resv. [Diff Plug Back [Same Resv. [Diff SubS1 (Same Resv. [Diff Hard [Same Resv. [Diff Same Resv. [Diff Tubing Deeph Plug Back [Same Resv. [Diff SubS1 (Same Resv. [Diff Hard [Same Resv. [Diff Same Resv. [Diff Same Resv. [Diff Plug Back [Same Resv. [Diff SubS1 (Same Resv. [Diff Whet Same Resv. [Same Re					•	
Image: Second Structure Image: Second Structure <td>If well produces oil or liquids,</td> <td>······································</td> <td>Is gas actually connected?</td> <td>When ?</td> <td></td>	If well produces oil or liquids,	······································	Is gas actually connected?	When ?		
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218° 3105 V. TEST DATA AND REQUEST FOR ALLOWANLE 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 Rus To Tank 4-12-91 Date of Test 14-20-91 Producing Method (Flow, pump, gas lift, etc.) Flowing Test Oil - Bbis. Cating Pressure Cating Pressure Cating Pressure Choice Size ID 44 Construction Method (Flow, pump, gas lift, etc.) Flowing Test Oil - Bbis. Cating Pressure Oil - Bbis. Oil - Bbis. Oil - Bbis. Oil - Bbis. Condentator/Null'!! Condentator/Null'!! Condentator/Null'!! Condentator/Null'!! Condentator/Null'!! Condentator/Null'!!! Condentator/Null'!!! Condentator/Null'!!! <td></td> <td></td> <td></td> <td></td> <td></td>						
V. TEST DATA AND REQUEST FOR ALLOWANLE Dill 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 Date of Test 4-12-91 Date of Test Length of Test 24 hrs Actual Prod. During Test Oil - Bbls. Oil - Dbls. 230 GAS WELL Congenities of Test Actual Prod. Test - MCF/D Length of Test Casing Method (pilot, back pr.) Ubing Pressure (Shiul in) Casing Pressure (Shiul in) Casing Pressure (Shiul in) Casing Pressure (Shiul in) Clocke Size VI. OPERATOR CERTIFICATE OF COMPLIANCE Information gives above is true and complete to the best of my knowledge and belief. Signature Mike Will.IAMS Signature Mike Will.IAMS Signature Mike Will.IAMS Signature Title Signature Supervision 7.567Z-3223		218"		250 JX LY	(+ 850 54 CL.C.	
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4-12-91 4-20-91 Flowing 8- Length of Teat Tubing Pressure Casing Pressure In the size Actual Prod. During Test Oil - Bbls. 230 Water - Bbls. 31 Clair NiCF GAS WELL Actual Prod. Test - MCF/D Length of Test Bbls. Condensate/AUACF Gravity of Condensate Actual Prod. Test - MCF/D Length of Test Bbls. Condensate/AUACF Gravity of Condensate Testing Method (pitot, back pr.) Tubing Pressure (Shuid-in) Casing Pressure (Shuid-in) Cloke Size VI. OPERATOR CERTIFICATE OF COMPLIANCE Information piven above is true and regulations of the Oil Conservation Division have bees complete with and that the information given above is true and complete to the best of my knowledge and belief. OIL CONSERVATION DIVISION Bulkert Sothert Gravity and Conservation Division have bees complete with and that the information given above is true and complete to the best of my knowledge and belief. Date Approved JUL 2 9 1991 By ORIGINAL SIGNED BY MIKE WILLIAMS Title SUPERVISOR, DISTRICT If Signature 505/677-3223 Supervision, DISTRICT If Title	Date First New Oil Run To Tank	Date of Test	be equal to or exceed top allowable Producing Method (Flow, pump,)	as lift. etc.)	Part-IU-1	
24 hrs	-			Flou	sing 8-2-91	
230 31 115 GAS WELL Actual Prod. Test - MCF/D Length of Test Tubing Pressure (Shud in) Dist. Condensate/AtAtCl ⁺ Gravity of Condensate Testing Method (pitor, back pr.) Tubing Pressure (Shud in) Casing Pressure (Shud in) Clicke Size VI. OPERATOR CERTIFICATE OF COMPLIANCE OIL CONSERVATION DIVISION OIL CONSERVATION DIVISION Division have been complete with and that the information given above is true and complete to the best of my knowledge and belief. OIL CONSERVATION DIVISION Signature Mike Williams FJUL 2 9 1991 By ORIGINAL SIGNED BY Mike Williams Title -5/6/91 505/672-3223	24 hrs	Lubing Pressure	Casing Pressure 10 #	Choke Size	1" compt BK	
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Actual Prod. Test - MCF/D Length of Test Bbis. Condensate/MINICF Gravity of Condensate Iesting Method (pitot, back pr.) Tubing Pressure (Shui in) Gravity of Condensate VI. OPERATOR CERTIFICATE OF COMPLIANCE Casing Pressure (Shui in) Gravity of Condensate I hereby certify that the rules and regulations of the Oil Conservation OIL CONSERVATION DIVISION Division have been complete with and that the information given above is true and complete to the best of my knowledge and belief. OIL CONSERVATION DIVISION Signature Gravity of Condensate FJUL 2 9 1991 Signature ORIGINAL SIGNED BY MIKE WILLIAMS SUPERVISOR, DISTRICT IF Title 505/677-3223	GAS WELL	1	<u>م</u> ،			
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. Consultant Signature Bobert Setzler Printed Name -5/5/91 OIL CONSERVATION DIVISION OIL CONSERVATION DIVISION Date Approved ORIGINAL SIGNED BY MIKE WILLIAMS SUPERVISOR, DISTRICT IF Title Title		Length of Test	Bbis. Condensate/MIMCF	Gravity of Cor	densate	
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. Consultant Signature Bobert Setzler Printed Name 5/5/91 OIL CONSERVATION DIVISION OIL CONSERVATION DIVISION Date Approved ORIGINAL SIGNED BY MIKE WILLIAMS SUPERVISOR, DISTRICT IF Title Title	Festing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut in)	Clioke Size	,,,,,,	
is true and complete to the best of my knowledge and belief. Image: Signature Image: Setzler Image: Setzler Image: Supervise Supe			OIL CONSE	ERVATION D	IVISION	
Robert Setzler Consultant Printed Name Title 5/5/91 505/577-3223 By ORIGINAL SIGNED BY MIKE WILLIAMS SUPERVISOR, DISTRICT IF Title	Division have been complied with and t is true and complete to the best of my k	hat the information given above nowledge and belief.	Date Approved	JUL 2	1991	
Signature ON Consultant Printed Name Title SUPERVISOR, DISTRICT IN 5/5/91 505/677-3223	Robert Set	les.		NAL SIGNED BY	· · ·	
Printed Name Title Title	Signature 🔿	RF 1	MIKE	WILLIAMS		
<u>_5/6/91</u> 505/677-3223	Printed Name	Title	TitleSUPE	RVISOR, DISTRIC	T II	
		<u> 505/677-3223</u> Telepikine No.		· · ·		
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 a) 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) Sections C-10d must be filled for each post in multiply completed wells.