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O. Box 1980, Hobbs, NM 88240

State of New Mexico
Energy, Minerals and Natural Resources Department

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

RECEIVED

JUN 05 1991

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

OIL CONSERVATION DIVISION
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

I.

Operator Avon Energy Corp.	Well API No. 30-015-26021
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"/> Recompletion <input type="checkbox"/> Change in Operator <input type="checkbox"/> Other (Please explain) <input type="checkbox"/>	
Change in Transporter of: 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. 99	Pool Name, Including Formation Grayburg Jackson	Kind of Lease State, Federal and <input checked="" type="checkbox"/>	Lease No. LC029395-B
Location Unit Letter <u>W</u> : <u>2590</u> Feet From The <u>South</u> Line and <u>100</u> Feet From The <u>East West</u> Line Section <u>28</u> Township <u>17S</u> Range <u>31E</u> , NMPM, <u>Eddy</u> 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? 3-21-91
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 X	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 2-24-91	Date Compl. Ready to Prod. 3-8-91	Total Depth 3690'	P.B.T.D. 3655'					
Elevations (DF, RKB, RT, GR, etc.) 3642' GR	Name of Producing Formation Grayburg San Andres	Top Oil/Gas Pay 3110'	Tubing Depth 3429'					
Perforations 3643-3513 10 holes 3469-3441 9 holes	3386-3110 17 holes		Depth Casing Shoe 3700'					
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE 17 1/2"	CASING & TUBING SIZE 12 3/4"	DEPTH SET 332'	SACKS CEMENT 525 SK CL "C"					
11"	8 5/8"	1418'	600 SK LW + 200 SK CL "C"					
7 7/8"	5 1/2"	3700'	250 SK LW + 1000 SK CL "C"					
	2 7/8"	3429'						

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 3-21-91	Date of Test 3-22-91	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 hrs.	Tubing Pressure —	Casing Pressure 10#	Choke Size 1" Post ID-2 6-21-91
Actual Prod. During Test	Oil - Bbls. 44	Water - Bbls. 150	Gas - MCF 23 comp + B1

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 Robert Setzler Title Consultant
Date 5/6/91 Telephone No. 505/677-3223

OIL CONSERVATION DIVISION

Date Approved JUN 14 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 multiple completed wells.