Submit 5 Copies
Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240

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

OIL CONSERVATION DIVISION P.O. Box 2088

State of New Mexico Energy, Minerals and Natural Resources Department

RECEIVED

Santa Fe, New Mexico 87504-2088 APR - 3 **199**1 DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410 REQUEST FOR ALLOWABLE AND AUTHORIZATION O. C. D. ARTESIA, OFFICE TO TRANSPORT OIL AND NATURAL GAS Operator Well API No. Avon Energy Corp. Address PO Box 37, Loco Hills, NM 88255 Reason(s) for Filing (Check proper box)
New Well Other (Please explain) request testing allowable of 600 bbls Change in Transporter of:

Dry Gas  $\overline{\sqcap}$ for month of April Recompletion Change in Operator Casinghead Gas Condensate If change of operator give name and address of previous operator II. DESCRIPTION OF WELL AND LEASE Well No. Pool Name, Including Formation #5 Grayburg Jackson Kind of Lease LC-065014 Max Friess State, Federal or Fee Location 1270 Feet From The North Line and .... 100' Unit Letter \_\_ Feet From The Line 17S Section 30 31E Eddy Township , NMPM, III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Address (Give achives to which approved copy of this form is to be sent)
PO Drawer 159, Artesia, NM 88210 Name of Authorized Transporter of Oil Navajo Refining Co. Name of Authorized Transporter of Casinghead Gas Address (Cive address to which approved copy of this form is to be sent)
PO Box 460, Hobbs, NM 88240 or Dry Gas [\_\_\_] Continental Oil Company If well produces oil or liquids, give location of tanks. Unit Rge. 31E is gas actually connected? When 7 Sec. 1\_30 17S A If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Oil Well | Gas Well | New Well | Workover | Deepen | Plug Back | Same Res'v Designate Type of Completion - (X) Date Spudded Date Compl. Ready to Prod. P.B.T.D. Elevations (DF, RKB, RT, GR, etc.) Top VilVGat Pay Name of Producing Formation Tubing Depth Perforations Depth Casing Shoe TUBING, CASING AND CEMENTING RECORD HOLE SIZE CASING & TUBING SIZE **SACKS CEMENT** V. TEST DATA AND REQUEST FOR ALLOWABLE (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 Producing Method (How, pump, gas lift, etc.) Length of Test Tubing Pressure Casing Pressure Choke Size Actual Prod. During Test Oil - Bbls. Water - Bbla. Gas- MCF **GAS WELL** Actual Prod. Test - MCF/D Length of Test Dbls. Condensate/MNICI Gravity of Condensate lesting Method (pitot, back pr.) Tubing Pressure (Shut in) Casing Pressure (Shut-in) Clicke Size VI. OPERATOR CERTIFICATE OF COMPLIANCE OIL CONSERVATION DIVISION I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above 1 1991 is true and complete to the best of my knowledge and belief. APR Date Approved \_ ORIGINAL SIGNED BY" Signature MIKE WILLIAMS consultant SUPERVISOR, DISTRICT IT Printed Name Title

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

Date

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- All sections of this form must be filled out for allowable on new and recompleted wells.

Telephone No.

3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.

Sengrate Form C.1M must be filed for each roal in multiply of