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Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

## State of New Mexico Energy, Minerals and Natural Resources Department

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

## OIL CONSERVATION DIVISION P.O. Box 2088

Santa Fe, New Mexico 87504-2088

Test 300 BBL

DISTRICT III
1000 Rio Brazos Rd.: Aztec. NM 27410

	REQU	-				AUTHORIZ FURAL GA			# T . IT!	<b>ा</b> ्रे	
Operator	······································	/					Well A	PI No.	APR 11	'90	
Read & Stevens	, Inc. v	<u></u>		···			<u> </u>	······································	HIV ++		
P.O. Box 1518,	Roswel:	l. NM	882	02					Q. S.	D.,	
Reason(s) for Filing (Check proper box)					Oth	et (Please expla	in) Tut	Allow	ARTS NA	9885°	
lew Well		Change in	•				1000	1-3	10 10.	,	
Recompletion	Oii	_	Dry C				11/1				
Change in Operator L	Casinghe	d Gus	Cond	and L			المالية المالية	ly - 40	136-	1227	
change of operator give name nd address of previous operator								0			
I. DESCRIPTION OF WELI	L AND LE	ASE									
Lease Name		Well No.   Pool Name, Including						f Lesse Lesse No.			
Jamie Federal		1 Tamano (			Grayburg			NM-28096			
Unit LetterC	. 330	n '	East 1	From TheN	T in	e and19	20 <b>F</b> e	et From The _	1.7	7.5	
Omi Letter	·		, real	From the		5 400	20 Pe	er Liour The "		Line	
Section 14 Towns	hip 18	S	Rang	e 31E	, N	MPM,	Eddy		<del></del>	County	
II. DESIGNATION OF TRA	NSPORTI	ER OF O	IL A	ND NATUI	RAL GAS						
Name of Authorized Transporter of Oil	Ä	or Conden			Address (Giv	e address to wi				ent)	
Permian					P.O.	Box 1183	Housto	n, TX	77002	······································	
Name of Authorized Transporter of Cas	inghead Gas		or Dr	y Gas 🔲	Address (Giv	e address to wh	tich approved	copy of this fo	rm is to be se	ent)	
If well produces oil or liquids,	Unit	Sec.	Twp.	_	ls gas actuali	y connected?	When	7			
ive location of tanks.	<u> </u>	14		S   31E	No			· <del></del>			
f this production is commingled with the V. COMPLETION DATA	at from any ot	her lease or	pool, (	rive commingli	ing order sum	ber:				<del></del>	
- CONTROLLER		Oil Well		Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Resv	
Designate Type of Completio	n - (X)	х	i_		х	<u>i</u>	<u>i</u>				
Date Spudded	1	pi. Ready to	Prod.		Total Depth			P.B.T.D.			
9-7-90 Elevations (DF, RKB, RT, GR, etc.)		4-5-90 Name of Producing Formation				9190 Top Oil/Gas Pay			8192		
0700:					· · · · · ·			Tubing Depth			
3723' GL Premier					4036			Depth Casing Shoe			
9136-9154, 8092	-8178	4036_42	27						Sake		
7130-7134, 0092				ING AND	CEMENTI	NG RECOR	D/	<u>'</u>	<del></del>		
HOLE SIZE		CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT		
17 1/2 "		13 3/8			415'			500			
11"		8 5/8			2397'			1250			
7 7/8" 5 1/2					9190			685 & 1280 (2 stage)			
	2 3				39	•		1		7 4 4 4 7	
V. TEST DATA AND REQU											
OIL WELL (Test must be afte			of loa	d oil and must					or full 24 hou	ers.)	
Date First New Oil Run To Tank	Date of T				Producing M	lethod (Flow, p	ump, gas lift,	eic.)			
4-5-90		<del>3-90</del> /				ping		Choke Size	<del></del>		
Length of Test 24 hrs	Tubing P	Tubing Pressure			Casing Pressure						
Actual Prod. During Test	Oil - Bbi	Oil - Bbls.			Water - Bbls.			open Gas- MCF			
		76				98		100	est		
GAS WELL											
Actual Prod. Test - MCF/D	Length o	Length of Test				amte/MMCF		Gravity of Condennate			
Testing Method (pilot, back pr.)	Tubing P	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)			Choke Size			
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,											
VI. OPERATOR CERTIF  I hereby certify that the rules and re Division have been complied with a is true and complete to the best of n	gulations of the	e Oil Conse ormation gi	rvation	1		OIL COI	_			ON	
					Date	e Approve	∌d <u></u>	WLU T .	1990		
John ( Maley	<u>~</u>			<del></del>	By	_	MINIMI	CICNIED I	2V		
Signature John C. Maxey, Jr./Petroleum Engineer					By ORIGINAL SIGNED BY MIKE WILLIAMS						
Printed Name 4-10-90 505/622-3770					Title SUPERVISOR, DISTRICT If						
4-10-90 Date			2-3								

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.