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ppropriate District Office
STRICT I
O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Lepartment

OIL CONSERVATION DIVISION

Form C-294 Revised 1-1-89 See Instruction at Bottom of P

| ised 1+1+89 Instructions |
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| C. L |

| OSTRICT II O. Drawer DD, Artesia, NM 88210 | P.O. Box 2088 Santa Fe, New Mexico 87504-2088 | | | | | | c 1 | 197 | |
|--|---|--|-----------------------------|--|---|--------------------------------------|------------------------------|-------------|--|
| ISTRICT III OW Rio Brazos Rd., Aziec, NM 87410 . | REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS 14N 5 1994 | | | | | | | C A | |
| Operator ROYAL OIL LTD. | co | | | | | Well API No. 30-015-26727 | | | |
| Address P.O. BOX 1100 , | HOBBS, NEW | MEXICO | 88240 | | | | | | |
| Reason(s) for Filing (Check proper box) New Weil Recompletion Change in Operator I change of operator give name | Oil Casinghead Gas | Transporter of: Dry Gas Condensate | | t (Please explai | | ~ | | | |
| nd address of previous operator | R. ERICKSE | N P.O. BOX | <u> </u> | HOBBS, | NEW ME | X1CO | 88240 | | |
| I. DESCRIPTION OF WELL A Lease Name HANNIFIN STATE | Well No. | | | | Kind of Lease State, Federal or Fee | | 23 Se No. | | |
| Location Unit LetterL | :330 | _ Feet From The _W | EST Line | and 1650 | Fee | t From The _ | SOUTH | Line | |
| Section 17 Township | 195 | Range 29E | , NN | APM, EDD | Υ | | | County | |
| Name of Authorized Transporter of Oil NAVAJO REFINING | NAVAJO REFINING CO. P.O. The of Authorized Transporter of Casinghead Gas PHILLIPS Vell produces oil or liquids, Unit Soc. Twp. Rge. Is gas actually | | | | ich approved , ARTE ich approved .AND, Hi | SIA, N copy of this fo OBBS, I | . M . 882 orm is to be se | 210 | |
| f this production is commingled with that | <u> </u> | | ling order numi | ber: | | | | | |
| IV. COMPLETION DATA | Oil Wel | II G28 Well | New Well | Workover | Deepen | Plug Back | Same Res'v | Diff Res'v | |
| Designate Type of Completion Date Spudded | Date Compl. Ready to Prod. | | Total Depth | | | P.B.T.D. | 1.001 | | |
| 5/15/91 Elevations (DF, RKB, RT, GR, etc.) | 9/5/91 Name of Producing Formation | | 2 1 1 2 ' Top Oil/Gas Pay | | | 2 1 0 0 ¹ Tubing Depth | | | |
| 3372 GR | QUEEN | 1988 ' | | | 1901 * Depth Casing Shoe | | | | |
| | | - C. C. L. | CCMENT | NC DECOR | <u> </u> | | | | |
| 1101 F 817E | | UBING SIZE | CEMENTING RECORD DEPTH SET | | | SACKS CEMENT | | | |
| HOLE SIZE | 8 5 | /8" | | 250 | 1 | 200 | | | |
| 6" | 41/211 | 2112 | | | 250 | | | | |
| V. TEST DATA AND REQUE | ST FOR ALLOW recovery of total volum | ABLE | t be equal to or | r exceed top all | owable for thi | s depth or be | for full 24 ho | urs.) | |
| OIL WELL (Test must be after to Date First New Oil Run To Tank | Date of Test | 2 0) 1000 011 0111 | Producing M | lethod (Flow, p | ump, gas lift, e | uc.) | | dip | |
| Length of Test | Tubing Pressure | Casing Pressure | | | Choke Size 181-14-94 | | | | |
| Actual Prod. During Test | Oil - Bbls. | Water - Bbis. | | | Gas-MCF GALG GP | | | | |
| GAS WELL Actual Prod. Test - MCF/D | Length of Test | Bbis. Condensate/MMCF | | | Gravity of Condensate | | | | |
| Testing Method (pitot, back pr.) | Tubing Pressure (Sh | 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. ROYAL OIL LTD. CO | | | | OIL CONSERVATION DIVISION Date Approved | | | | | |
| Signature W. R. ERICKSEN | \ ! | AGENT | -, - | | ERVISO | P. DISTA | | | |
| Printed Name | | Title | Title | . | | - KIC | T11. | | |

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

Printed Name

Date

DECEMBER

1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordan

with Rule 111. 2) All sections of this form must be filled out for allowable on new and recompleted wells.

393-6141 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.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.