1 V. INA 1980, 110008, 14M 88240 DISTRICT II

## OIL CONSERVATION DIVISION

P.O. Box 2088 -20აა

D. Drawer DD, Artesia, NM 88210	1 .O. DOX 2000					
		Santa Fe, New Mexico 87504-				
STRICT III	1					

000 Rio Brazos Rd., Aztec, NM 87410			R ALLOWA ISPORT OI				, , , , , , , , , , , , , , , , , , ,				
Operator					Well	Well Ari No.					
W. R. ERICKSEN					<del></del>	3	30-015-26837				
Address P.O. BOX 1100	HOR	BS, NE	W MEXICO	88240	1						
Reason(s) for Filing (Check proper box)	, 1100	03, 146	H MEXICO		er (Please expl	ain)					
New Well			ransporter of:								
Recompletion   Change in Operator   X	Oil	_	Ory Cas	•							
	Casinghead		Condensate					<del></del>			
nd address of previous operatorE	red Poo	1 Drill	ing, Inc.	P.O. BC	X 1393.	ROSWI	ELL, NE	W_MEXI	CO 8820		
I. DESCRIPTION OF WELL	AND LEA										
Lease Name Well No. Pool Name, Including Formation							of Lease Federal or Fe	. 1	Lease No.		
Sivley State		11	Millman-O-	-GB-SA		X	<u> </u>	* K409	13		
Location Unit LetterM	: 330	F	eet From The Sc	authLin	e and <u>330</u>	F	eet From The	West	Line		
Section 17 Townshi	p 19S	F	lange 29E	E , NI	MPM,	Eddy	<u> </u>		County		
II. DESIGNATION OF TRAN	CDADTE		AND NATE	DAL GAS							
Name of Authorized Transporter of Oil		or Condensa		Address (Giv	e address to wh	ich approved	copy of this f	form is to be s	eni)		
Navajo Refining P.O.Box 159, Ar						tesia, N.M. 88210					
Name of Authorized Transporter of Casing	•	e address to wh				eni)					
Phillips  ( !! trace oil on Novide	Unit	Sec. T	wp. Rge.	1	Marland	Hobbs When		38240			
f well produces oil or liquids, ive location of tanks.	•		9S  29E			i					
this production is commingled with that i	from any other	r lease or po	oi, give comming	ling order numb	per:						
V. COMPLETION DATA	_	1	<b></b>	γ	334-4	D	Dive Deck	Same Res'v	Diff Res'v		
Designate Type of Completion	- (X)	Oil Well	Gas Well	New Well	Workover	Deepen	i Ling Dack	Same Kee t			
Date Spudded		l. Ready to P	rod.	Total Depth		L	P.B.T.D.	·			
9/13/91 1/17/92		2048'			2030'						
levations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth 1903'					
3361 GR	QUEEN			2001'			Depth Casing Shoe				
erforations )											
	TI	UBING, C	ASING AND	CEMENTIN	NG RECOR	D					
HOLE SIZE	CAS	ING & TUB		DEPTH SET			SACKS CEMENT 300 POTID-3				
12"	8	5/8"	<del> </del>		436 2048		225 6-11-93				
8"	4 ½ 11			2048			she on				
									2		
. TEST DATA AND REQUES	T FOR A	LLOWAE	LE ,	I							
IL WELL (Test must be after re	covery of low	al volume of	load oil and must	be equal to or	exceed top allo	wable for thi	depth or be j	for full 24 hou	rs.)		
Pate First New Oil Rus To Tank	Date of Test			Producing Me	thod (Flow, pur	np, gas lýt, e	ic.)				
			Casing Pressure			Choke Size					
ength of Test	Includ Lies	Tubing Pressure									
ectual Prod. During Test	Oil - Bbls.		Water - Bbis.			Gas- MCF					
	<u> </u>			1		<del></del>	<del></del>		•		
GAS WELL	II aarda ad Tu			Bbls. Condens	nte/MMCF		Gravity of C	ondensate			
ictual Prod. Test - MCF/D	Length of Test										
esting Method (pitot, back pr.)	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)			Choke Size				
I. OPERATOR CERTIFICA	ATE OF	COMPI	IANCE	<b> </b>							
I, OPERATOR CERTIFICATION CERTIFICATION TO THE LIBERT TO THE SERVICE AND THE S				C	IL CON	SERV	ATION I	DIVISIO	NC		
Division have been complied with and the	hat the inform	nation given :	above			HIN	0 3 1993	3			
is true and complete to the best of my knowledge and belief.				Date	Date ApprovedJUN 0 3 1993						
				]]	• •						
<i>[[[]</i> ]				By_	·	TALE CHA	NED BY				
Signature W.R. ERICKSEN GRERATOR				ONGINAL SIGNAL							
Printed Name Title  FOR 7 0.7 6.1/1.1				Title MIKE WILLIAMS SUPERVISOR, DISTRICT II							

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 accord. with Rule 111.
- 2) 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.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.