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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

RECEIVED

Revised 1-1-See Instruct

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

OIL CONSERVATION DIVISION COT 2 0 1992

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

O. C. D.

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	DP

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I .	10	IHANSH	OKI OIL	I AN UNA I	UMAL GA					
Operator	TO THANSPORT OIL AND NATURAL GAS						Well API No.			
	TES PETROLEUM CORPORATION						30-015-27088			
Address 105 South 4th St.,	Artesia,	NM 882	210	<u>. </u>						
Reason(s) for Filing (Check proper box)				A-A	r (Please expla	-				
New Well	Char	ge in Trans	. —		@ VOIGHT AJD COM #1 BATTERY.					
Recompletion	Oil	Dry C		VOIGHT AJD COM #1 NO LONGER PRODUCING THRU					THRU	
Change in Operator	Casinghead Gas	Cond	ensate	LACT UN	IT.	<u>.</u>				
If change of operator give name and address of previous operator							·			
II. DESCRIPTION OF WELL	Vind o			of Lease No.						
Lease Name Voight AJD Com		Well No. Pool Name, Including 2 North Dag			U/Penn		Rederal or Fee	1		
Location						,				
Unit LetterE	<u>: 1980</u>	Feet 1	From The N	orth_Line	and660) [.] Fe	et From The	<u>Vest</u>	Line	
Section 29 Townshi	p 19S	Rang	e 25E	, NM	гРМ,	Eddy			County	
	ononara o	DOM A	ADA BIADUI	DAY CAC						
III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil Amoco Pipeline Co.	or C	ondensate	ND NAIU	Address (Give	address to wh	hich approved	copy of this form	is to be se	nt)	
Amoco Pipeline Co. Amoco Pipeline Interc	orporate T	rucking	3				evelland,		9336	
Name of Authorized Transporter of Casin	ghead Gas 💢		y Gas 🗀				copy of this form		nt)	
Yates Petroleum Corpo		Im		 		When	, NM 88210			
If well produces oil or liquids, give location of tanks.	Unit Sec.	Twp. 9 19	Rge. 25	, 1.0 Par			LO-19-92			
If this production is commingled with that	from any other lea	se or pool, g	give commingl	ing order numb	ег:				· · · · · · · · · · · · · · · · · · ·	
IV. COMPLETION DATA	loii	Well	Gas Well	New Well	Workover	Deepen	Plug Back Sar	ne Res'v	Diff Res'v	
Designate Type of Completion		X		X					<u> </u>	
Date Spudded	Date Compl. Rea	-		Total Depth			P.B.T.D. Post JD-2			
9-12-92		10-20-92			8270'			8213		
Elevations (DF, RKB, RT, GR, etc.)	ŀ	Name of Producing Formation			Top Oil/Gas Pay			Tubing Depth comp 4 B)		
3539' GR	Canyon			7657'			Depth Casing Shoe			
Perforations 7657–7826							8270'	.00		
7037-7020	TIRI	NG CAS	ING AND	CEMENTIN	IG RECOR	D	1			
HOLE SIZE					DEPTH SET		SAC	KS CEMI	ENT	
26"		CASING & TUBING SIZE			40 '			Redi-Mix		
14-3/4"	9-	9-5/8"			1050'			1100 sx - circulated		
8-3/4"	7''				8270 '		1600 sx - circulated			
		7/8"		7841'						
V. TEST DATA AND REQUE	ST FOR ALL	OWABLI	E				1 .1 1 64		1	
OIL WELL (Test must be after t		lume of load	d oil and must	Producing Me	exceed top allo	owable for the	s depth or be for f	ші 24 поц	3.)	
Date First New Oil Run To Tank	Date of Test	0		-		auth, am idi' e	,			
10-19-92	10-20-9	2		Producing Casing Pressure			Choke Size			
Length of Test 24 hrs	Tubing Pressure 250			1	00		2"			
Actual Prod. During Test	Oil - Bbls.			Water - Bbls.			Gas- MCF			
2157	577		1580			1701				
GAS WELL										
Actual Prod. Test - MCF/D	Length of Test			Bbls. Condens	sate/MMCF		Gravity of Cond	lensate		
	Tubing Pressure	(Chut in)		Casing Pressu	ne (Shut-in)		Choke Size			
Testing Method (pitot, back pr.)	Tubing Fressure	(Snut-m)		Casing 1 leads	io (ditta ia)					
VI. OPERATOR CERTIFIC	'ATE OF CO	MPLIA	NCE			IOED) (ATION D	VIOL	N I	
I hereby certify that the rules and regul					JIL CON	12FHA	ATION DI	A121C	JN .	
Division have been complied with and	that the information	n given abo	ve	1 .		0	CT 3 0 19	3 2		
is true and complete to the best of my	knowledge and bel	ieī.		Date	Approve	d				
(1)	oblett		ار با المعارف				A1 0101	r>\ 1		
Signature		- C		By		ORIGIN MIKE 15	<u>AL SIGNED.</u> TLL/AMB	RA		
Juanita Goodlett - Production Supvr. Printed Name Title				MI TOURTH GIOSIVAGGIS						
10-27-92	(505)	748-14	47 <u>1 </u>	Title.				<u></u>		
Date		Telephone	: No.							
	is to be filed			D 1- 1104						

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.

