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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

JAN 28 1992

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator Vision Energy, Inc	Well API No.
Address P.O. Box 2459 Carlsbad, New Mexico 88220	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
If change of operator give name and address of previous operator	

II. DESCRIPTION OF WELL AND LEASE

Lease Name State	Well No. #1	Pool Name, Including Formation Yates	Kind of Lease State, Federal or Fee	Lease No. B-9086
Location Unit Letter M : 661 Feet From The West Line and 659 Feet From The South Line Section 21 Township 20-S Range 28-E, NMPM, Eddy County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
Phillips Petroleum	4001 Penbrock street, Odessa, Tx 79762	
If well produces oil or liquids, give location of tanks.	Unit M	Sec. 21
	Twp. 20S	Rge. 28E
	Is gas actually connected?	When? 4-23-92

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
		X	X	X				
Date Spudded 2-2-1945	Date Compl. Ready to Prod. 12-13-91		Total Depth 833'		P.B.T.D. 750'			
Elevations (DF, RKB, RT, GR, etc.) 3234.0'	Name of Producing Formation Yates		Top Oil/Gas Pay 670'-750'		Tubing Depth 735'			
Perforations Open Hole					Depth Casing Shoe 522'			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE 10"	CASING & TUBING SIZE 8 1/4" 32#		DEPTH SET 213'		SACKS CEMENT 8 sacks Cir. Sur			
8 1/4"	7" 24#		522'		40 Sacks Cir. Sur			
	23/8"		735'					

V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL (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 (Flow, pump, gas lift, etc.)	
		Post ID-2 5-8-92	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
			comp. Yates well 51
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas- MCF

GAS WELL

Actual Prod. Test - MCF/D 296 MCF	Length of Test 3 Hrs.	Bbls. Condensate/MMCF 0	Gravity of Condensate 0
Testing Method (pilot, back pr.) Critical Flow	Tubing Pressure (Shut-in) 285 PSI	Casing Pressure (Shut-in) 0 psi	Choke Size 32/64

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.

Signature
Tommy W. Folsom
Printed Name
1-27-92 (505) 236-6041
Date
Title
General Manager
Telephone No.

OIL CONSERVATION DIVISION

Date Approved APR 28 1992

By ORIGINAL SIGNED BY
MIKE WILLIAMS
Title SUPERVISOR, DISTRICT II

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.