| | | | | | | • | | dsr_ | |
|---|---|--------------------------------------|-----------------------------------|---|--|---|--|-----------|--|
| | Energy, | ces Departm | ent | | Form Coll Revised 1- See Instru at Bottom | 1-89 V | | | |
| P.O. Box 1940, Hobbs, NM 88240 | OIL CONSERVATION DIVISION | | | | | | | | |
| DISTRICT II P.O. Drawer DD, Ancela, NM \$\$210 | <u>ــــــــــــــــــــــــــــــــــــ</u> | | | JAN () | 3 195 V | | | | |
| DISTRICT III 1000 Rio Brazos Rd., Ariec, NM 87410 | REQUEST | | | | | | tiji s Martika Nj | 2 1 | |
| 1. Opension | 1011 | ANSPORT O | | | A Mett 1 | TPINO. | | | |
| TOPAT OIL CORPO | RATION | | | | 30-0 | 015-04675 |) | | |
| Address 505 N. BIG SPRIN | NG,STE.0204, | MIDLAND, 1 | TEXAS, | 701 V | | | | | |
| Resson(s) for Filing (Check proper box) | A | In the second second | Oth | er (l'icase expla | in) | 1 | 60 | | |
| New Well | | Change In Transporter of: Dry Gas | | | | | | | |
| Change In Operator | Caningliead Qua | Condensate |] | | | | | | |
| If change of operator give name and address of previous operator | <u> </u> | | | | | <u></u> | | | |
| II. DESCRIPTION OF WELL | the second se | - In-I March Fred | Alex Compiles | | Kind | of Leases | Less | e Na. | |
| Lease Name KEYES | Well No. Pool Name, Iocludi 2 P.C.A - Y | | | Ing I ontrinuous | | | Pedera or Fee LC-029171-C | | |
| Location | | | NORTH | 1080 |). - | | EAST | Line | |
| Unis LetterG | : 1980 | Feel From The " | | c and198(| / Pe | et Prom The | | | |
| . Section 15 Township | 20 SOUTH | Ringe 30 H | EAST ,N | <u>мрм, </u> | EDDY | | | County | |
| III, DESIGNATION OF TRAN | SPORTER OF | OIL AND NAT | URAL GAS | | | the second ship for | m is to be sent | | |
| Name of Authorized Transportor of Oil | | | Addross (Gin | we address in wi | uch approved Mid | lland. | TX 79 | 102 | |
| Name of Authonized Transporter of Casing | | or Dry Ges |] Address (Gi | Address (Give address to which approved | | | | | |
| If well produces oil or liquids, pive jocation of tents. | Unit Sec. F 15 | | | Is gas actually connected? When | | | 7 | | |
| If this production is commingled with that i IV. COMPLETION DATA | rom any other lease | or pool, give commit | ngling order num | ber: | | | | | |
| Designate Type of Completion | - (X) (X) | ell Gas Well | New Well | Workover | Deepen | Plug Back S | ame Røø'v | XIT Res'V | |
| Date Spudded | Date Compl. Read) | no Prod. | Total Depth | .I <u></u> | | P.B.T.D. | | | |
| Elevations (DF, RKB, KT, GR, etc.) | Name of Producing | Top Oil/Gas | Top Oil/Cas Pay | | | Tubing Depth | | | |
| | <u> </u> | | | | | | Depth Casing Shoe | | |
| Performions | | | | | | | | | |
| | | | D CEMENTI | CEMENTING RECORD | | | SACKS CEMENT | | |
| HOLE SIZE | CASING & TUBING SIZE | | | DEPTH SET | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| V. TEST DATA AND REQUES | T FOR ALLO | WABLE | | | the fact the | - denth or he los | r Gull 24 hours. | 1 | |
| OIL WELL (Ten must be after r. Date First New Oil Run To Tank | ecovery of inial volue Data of Test | ne of load ail and m | ust be equal to on Producing M | r exceed top all leshod (Flow, pi | emp, gas lift, i | uc.) | | | |
| | | | | | | | Choke Size | | |
| Length of Test | Oil - Bble. | | Calling Press | Casing Pressure Water - Bbls. | | | Gas-MCF | | |
| Actual Prod. During Test | | | Water - Bbla | | | | | | |
| | <u>]</u> | | | | | | | | |
| GAS WELL Actual Frod. Test - MCF/D | Length of Test | | Bbis. Conde | Bbls. Condensate/MMCF | | | Gravity of Condensate | | |
| | ng Mashad (pital, back pr.) Tubing Pressure (Shui-In) Ca | | de la companya (Churd In) | | | Choke Size | | | |
| Testing Method (pitol, back pr.) | | | Cating rites | Casing Pressure (Shut-in) | | | | | |
| VL OPERATOR CERTIFIC | ATE OF CON | IPLIANCE | | | ICEDV | | | J | |
| I hareby certify that the rules and regulations of the Oil Conservation | | | | OIL CONSERVATION DIVISION | | | | | |
| Division have been compiled with and that the information given above is true and complete to the best of my knowledge and belief. | | | Date | Date Approved JAN 1 2 1995 | | | | | |
| Then St. | $2 \sim$ | | | · . | • | | | | |
| Signiture | | | By_ | | | | TRICT U | | |
| TOM SCHNEIDER PRESIDENT | | | | By | | | | | |
| 12-21-94 91 Date | <u>5/682-6</u> ; | <u>340</u> Telephone No. | - | | | | | | |
| | an a su an that a suit da a suit d'anna da a ambailte | LEISTICHE IV. | | | | فيتحافظ والمعاد والمتحفظ والمعادية والمترجة | مراجع المراجع والمراجع المراجع المراجع | | |

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.

i

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.