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Appropriate District Office
DISTRICT J
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

See Instructions at Bottom of Page

## OIL CONSERVATION DIVISION

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

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

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REMODELY FOR STREET CHARGE STREET COLOR OF STREET COLOR OF STREET CHARGE STREET COLOR OF STREET CHARGE STREET CHAR	<u> </u>		
Change in Transporter of Canage in Operator   State			
DESCRIPTION OF WELL AND LEASE   Lase Nume   Catclaw Draw   New York   Nume   Catclaw Draw   North   Line and   2310   Feet From The   Lase Nume   Lase   L	ng		
DESCRIPTION OF WELL AND LEASE   Well No.   Pool Name, locluding Formation   Catclaw Draw   Draw   Ty   Catclaw Draw   State, Federal or Fee   K 32681			
Liese Name   Catclaw Draw   17   Food Name, Including Formation   State, Federal or Fee   K   32681			
Unit Letter	٠٠. 		
Section 26 Towarding 21S   Range 25E   Front Fig.	Line		
Name of Authorized Transporter of Col.  Nava jo Crude Purchasing Co.  Name of Authorized Transporter of Casinghead Gas  Name of Production is committed with that from any other lease or pool, give comminging order number:  V. COMPLETION DATA  Designate Type of Completion - (X)  Date Spudded  Date Compl. Ready to Prod.  12/22/92 (recompl.)  10/40'	County		
Name of Authorized Transporter of Casinghead Gas	<del></del>		
Name of Authonized Transporter of Casinghead Gas			
If well produces oil or liquids,   Unit   Sec.   Twp.   Rge.   It gas actually connected?   When?   Twell produces oil or liquids,   F   26   21S   25E   Yes.   8/8/72   New Cotino of Labet.   F   26   21S   25E   Yes.   8/8/72   New Production is commingled with that from any other lease or pool, give commingling order number:   It will production is commingled with that from any other lease or pool, give commingling order number:   It will production is commingled with that from any other lease or pool, give commingling order number:   It will product oil to comming the will be producted of the production of the			
See   Personance			
This production is commingled with that from any other lease or pool, give commingling order number:   V. COMPLETION DATA			
Designate Type of Completion - (X)			
Date Compl. Ready to Frod.   12/22/92 (recomp1.)   10905   10,420   10,420   12/22/92 (recomp1.)   10905   10,420   10,487   10,138   10,487   10,138   10,487   10,138   10,487   10,138   10,487   10,138   10,487   10,138   10,487   10,138   10,487   10	∏ Res'v		
10,420   10,420   10,420   10,420   10,420   10,420   10,420   10,420   10,420   10,421   10,421   10,420   10,421   1	<del></del> -		
Tubing Depth   Sacrations   Top GirGas Pay   Tubing Depth   3414' GR; 3425' KB   Morrow   10,187'   10,138'   Depth Gasing Shoe   10368-378', 10354-364', 10312-323', 10290-298', 10250-260', 10202-212'   10,905'   TUBING, CASING AND CEMENTING RECORD   DEPTH SET   SACKS CEMENT   SACKS CEMEN			
3414' GR; 3425' KB   Morrow   10,187'   10,138'   Perforations   10368-378', 10354-364', 10312-323', 10290-298', 10250-260', 10202-212'   10,905'     TUBING, CASING AND CEMENTING RECORD   10,905'   10,90	•		
10368-378', 10354-364', 10312-323', 10290-298', 10250-260', 10202-212'   10,905'			
TUBING, CASING AND CEMENTING RECORD			
HOLE SIZE  CASING & TUBING SIZE  DEPTH SET  SACKS CEMENT  17.5"  13.3/8" 48# 571! 450  12.1/4" x 11.3/4" 8.5/8" 24.32# 2582! 1550  7.7/8" 4 1/2" 11.6# 10905! 385 primary, 700  - 2.7/8" 6.5# 10138!  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.)  Length of Test  Actual Prod. Test - MCF/D 1634 MCFD  1634 MCFD  1634 MCFD  1634 MCFD  1634 MCFD  1644 hrs  1726 Hrs  1720# FTP  O#  OIL CONSERVATION DIVISION  VI. OPERATOR CERTIFICATE OF COMPLIANCE			
17.5"   13.3/8"   48#   571!   450	<u> </u>		
12 1/4" x 11 3/4" 8 5/8" 24.32# 2582' 1550 7 7/8" 4 1/2" 11.6# 10905' 385 primary, 700 - 2 7/8" 6.5# 10138' N/A  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.)  Length of Test Tubing Pressure Casing Pressure Choke size  GAS WELL  Actual Prod. During Test Oil - Bbls. Water - Bbls. Gas- MCF  GAS WELL  Actual Prod. Test - MCF/D Length of Test O.611 BC Casing Pressure (Shut-in) 1634 MCFD 24 hrs Casing Fressure (Shut-in) 600# back pressure 2750# S1 1720# FTP  VI. OPERATOR CERTIFICATE OF COMPLIANCE  Oil CONSERVATION DIVISION			
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  Tubing Pressure  Casing Pressure  Choke size  Actual Prod. During Test  Oil - Bbls.  GAS WELL  Actual Prod. Test - MCF/D  1634 MCFD  1634 MCFD  24 hrs  Tubing Pressure (Shut-in)  600# back pressure  2750# SI 1720# FTP  Oil CONSERVATION DIVISION			
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  Tubing Pressure  Casing Pressure  Choke size  Choke size  Actual Prod. During Test  Oil - Bbls.  GAS WELL  Actual Prod. Test - MCF/D  1634 MCFD  1634 MCFD  24 hrs  Tubing Pressure (Shut-in)  1600# back pressure  2750# SI 1720# FTP  Oil CONSERVATION DIVISION	_sque		
OIL WELL  (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depin of the d			
Date First New Oil Run To Tank  Date of Test  Casing Pressure  Casing Pressure  Choke Size  Choke Size  Actual Prod. During Test  Oil - Bbls.  Gas WELL  Actual Prod. Test - MCF/D  1634 MCFD  1634 MCFD  Casing Pressure  Date of Test  Water - Bbls.  Bbls. Condensate/MMCF  O.611 BC  Casing Pressure  Gravity of Condensate  53  Choke Size  1000 back pressure  VI. OPERATOR CERTIFICATE OF COMPLIANCE  OIL CONSERVATION DIVISION			
Length of Test    Tubing Pressure   Casing Pressure   Choke Size			
Tubing Pressure   Casing Pressure   Casing Pressure			
Actual Prod. During Test  Oil - Bbls.  Oil - Bbls.  Water - Bbls.  Gravity of Condensate  O.611 BC O.611 BC O.604 BC Casing Fressure (Shut-in)  Other Size  VI. OPERATOR CERTIFICATE OF COMPLIANCE  OIL CONSERVATION DIVISION			
Actual Prod. Test - MCF/D  1634 MCFD  24 hrs  O.611 BC  Casing Fressure (Shut-in)  600# back pressure  VI. OPERATOR CERTIFICATE OF COMPLIANCE    Condensate/NIMCF   O.611 BC   O.61			
Actual Prod. Test - MCF/D			
1634 MCFD 24 hrs O.611 BC Casing Fressure (Shut-in) G00# back pressure 1750# SI 1720# FTP  VI. OPERATOR CERTIFICATE OF COMPLIANCE  1634 MCFD 24 hrs O.611 BC Casing Fressure (Shut-in) O# 11/64-inch OIL CONSERVATION DIVISION			
Tesung Method (puot, back pr.)  100 back pressure   2750 # SI 1720 # FTP   0#   11/64-inch    VI. OPERATOR CERTIFICATE OF COMPLIANCE   OIL CONSERVATION DIVISION			
VI. OPERATOR CERTIFICATE OF COMPLIANCE  OIL CONSERVATION DIVISION			
VI. OPERATOR CERTIFICATE OF COMPLIANCE OIL CONSERVATION DIVISION			
the Oil Consequence	1		
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.  Date Approved			
	THE PROPERTY OF THE PROPERTY O		
Signature  Eva Kardas - Production Technician  Title  SUPERVISOR, DISTRICT II			
Printed Name  1/13/92 (303) 850-6282  Title  Title  Title	The state of the s		
Date Telephone No.			

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.
- as the manufacture of the stances of operator, well name or number, transporter, or other such changes.