Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

## State of New Mexico Energy, Minerals and Natural Resources Department

## See Instruction at Bottom of Page

## OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

FIB - 9 '90

DISTRICT III		
1000 Rio Brazos	Rd., Aztec, NM	87

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

C. C. D.

	TO TRA	NSPORT OIL	AND NAT	URAL GA	S		SIA, UNIO	
perator	İ					API No.		
GILBERT BATES					30-	015-20	/69	
P. U. BOX 1703	, MIDLAND,	TEXAS 7970	)2	\_				
eason(s) for Filing (Check proper box)				r (Please explai	in)			
lew Well		Transporter of:		7 × .				
lecompletion		Dry Gas Condensate						
hange in Operator			0.4.0	Manh 1	. Eall	s Toya	s 7865	4
change of operator give name d address of previous operator	ton Wessels	, P. U. B	0X 94U,	Marbie	= 1011	3 , TCX0	13 7000	· <del></del>
. DESCRIPTION OF WELL	AND LEASE	Pool Name, Including	ng Formation		Kind	of Lease	Le	28: No.
ease Name STEIN FED. GOMM.	weil No.	McIver R				Federal ox Rex 016082		
ocation		L		· · · · · · · · · · · · · · · · · · ·			0220	
Unit LetterJ	_: <u>22/C</u> _	Feet From The	1957 Line	and			504+1	5Line
Section 30 Townsh	nip 22	Range 25	, NN	MPM,	EDDY			County
II. DESIGNATION OF TRAI	NSPORTER OF O	IL AND NATU	RAL GAS					
C t at . A T connection of Oil	or Conden	sale <del></del>	Address (Give	address to wh	ich approved	copy of this for	orm is to be se	m) /
PERILAN	K PERMIAN CORP EF		Y.0, 13	ox (18) e address to wh	s from	come of this f	orm is to be se	_ <del></del>
Name of Authorized Transporter of Casi	nghead Gas	or Dry Gas	P.O. T.	Box 149	2, 21	Paso.	Tx 1997	78
FL PASO  If well produces oil or liquids,	Unit Sec.	Twp. Rge.	Is gas actually	y connected?	When	1 ?		
ive location of tanks.	i 1   3.0	22   25	Yes			-HA 12	1-14-81	
this production is commingled with tha	it from any other lease or	pool, give commingl	ling order numb	жг:				
V. COMPLETION DATA	lo::w.u	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Liff Res'v
Designate Type of Completion	Oil Well n - (X)	Gas wen	I New Wen	Workerer		1	<u>i</u>	_L
Date Spudded	Date Compl. Ready to	Prod.	Total Depth		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Fo	ormation	Top Oil/Gas Pay		Tubing Depth			
Perforations			<u> </u>			Depth Casin	ng Shoe	
Periorations						<u> </u>		
	TUBING.	CASING AND	CEMENTI	NG RECOR	D C	Т	CACKE CEM	r'NIT
HOLE SIZE	HOLE SIZE CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT		
							-16-9	D
					·····		che as	2
							7 /	
V. TEST DATA AND REQUI	EST FOR ALLOW	ABLE					for full 24 hou	are l
OIL WELL (Test must be after	r recovery of total volume	of load oil and mus	t be equal to or	r exceed top all lethod (Flow, p	owable for th	etc.)	jor juli 24 not	<del></del>
Date First New Oil Run To Tank	Date of Test		Producing W	enion il tomi pi	<b>~</b> /1₽/, 8 13-1			
Length of Test	Tubing Pressure		Casing Press	ure		Choke Size	:	
	Oil Bills		Water - Bbls.			Gas- MCF		
Actual Prod. During Test	Oil - Bbls.							
GAS WELL				6 B / CE		Gravity of	Condensate	
Actual Prod. Test - MCF/D	Length of Test		Bbls. Condensate/MMCF			Gravity of Condensate		
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)		Casing Pressure (Shut-in)		Choke Size			
VI. OPERATOR CERTIF	ICATE OF COM	PLIANCE		OIL COI	MSER!	/ATION	DIVISION	N
I hamby certify that the rules and re-	gulations of the Oil Conse	ervation			40LI IV			
Division have been complied with a is true and complete to the best of n	nd that the information gi ny knowledge and belief.	ven above	Date	e Approve	ed	FEB 1	2 1990	
IT 10/10.	AB &	_		• •		LOIONIED	DV	
- wor	Marc	<u></u>	By_		ORIGINA MIKE WII	LSIGNED	81	
Signature GILBERT BAT	ES (	PERATOR		9		SOR, DIST	TRICT II	
Printed Name	915/684	Title 1 – 8 0 4 4	Title	<del></del>		<u> </u>		
February 6, 1990		elephone 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
- 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.