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Appropriate District Office
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P.O. Box 1980, Hobbs, NM 88240
DISTRICT II
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DISTRICT III
000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico
Energy, Minerals and Natural Resources Department
OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

RECEIVED
MAY - 9 1991
Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page
O. C. D.
ARTESIA, OFFICE

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator <u>Ather Oil Company</u>		Well API No. <u>30-015-21417</u>
Address <u>P.O. Box 423 Artesia N.M. 88210</u>		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
New Well <input 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 checked="" type="checkbox"/>	
Change of operator give name and address of previous operator		

I. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Western Reserves fed</u>	Well No. <u>2</u>	Pool Name, Including Formation <u>Avalon-Upper Penn</u>	Kind of Lease State, <u>Federal</u> or Fee	Lease No. <u>NM-0514349A</u>
Location				
Unit Letter <u>J</u>	<u>2932</u>	Feet From The <u>North</u>	Line and <u>1980</u>	Feet From The <u>East</u>
Section <u>4</u>	Township <u>21-S</u>	Range <u>26-E</u>	NMPM, <u>Eddy</u> County	

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
<u>NAVAJO Refining Co.</u>	<u>P.O. Drawer 159, Artesia N.M. 88210</u>					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
<u>EL PASO NATURAL GAS</u>	<u>P.O. Box 1492 EL PASO TX 79978</u>					
Well produces oil or liquids, ve location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When?
	<u>J</u>	<u>4</u>	<u>21</u>	<u>26</u>	<u>Yes</u>	<u>5-7-75</u>
this production is commingled with that from any other lease or pool, give commingling order number:						

V. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Measurements (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
Casinghead Gas						Depth Casing Shoe		

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

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
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas- MCF

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

I. 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.

Kevin Jones
Signature
Kevin Jones
Printed Name
5-8-91
Date
Partner
Title
505-746-6100
Telephone No.

OIL CONSERVATION DIVISION

Date Approved MAY 10 1991

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.