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DISTRICT III
1000 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

JUL 20 '90

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator <u>Larry Jones, d/b/a Premier Production Company</u>	Well API No. <u>30-015-21758</u>
Address <u>P. O. Box 1246, Artesia, New Mexico 88210</u>	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input type="checkbox"/>	Change in Transporter of: <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Recompletion <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Change in Operator <input checked="" type="checkbox"/>	<u>Sold Property eff. 7/1/90</u>
If change of operator give name and address of previous operator <u>Chevron U.S.A. INC., P.O. Box 1150, Midland, TX. 79702</u>	

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Eddy "FV" State</u>	Well No. <u>1</u>	Pool Name, Including Formation <u>NE Avalon Atoka Gas</u>	Kind of Lease <u>State</u>	Lease No. <u>K-6527</u>
Location Unit Letter <u>H</u> : <u>1980</u> Feet From The <u>North</u> Line and <u>990</u> Feet From The <u>East</u> Line Section <u>25</u> Township <u>20S</u> Range <u>27E</u> , <u>NMPM</u> , <u>Eddy</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) <u>P.O.Box 3119, Midland, Texas 79701</u>	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) <u>P.O.Box 1492, El Paso, Texas 79999</u>	
If well produces oil or liquids, give location of tanks.	Unit <u>H</u> Sec <u>25</u> Twp <u>20S</u> Rge <u>27E</u>	Is gas actually connected? <u>Yes</u> When? <u>5-11-84</u>

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 <input checked="" type="checkbox"/>	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded <u>3-26-76</u>	Date Compl. Ready to Prod. <u>5-12-76</u>		Total Depth <u>11,450'</u>		P.B.T.D. <u>11,000'</u>			
Elevations (DF, RKB, RT, GR, etc.) <u>3352' FL</u>	Name of Producing Formation <u>Avalon Atoka Gas NE</u>		Top Oil/Gas Pay <u>10,422'</u>		Tubing Depth <u>10,376'</u>			
Perforations <u>10,422' - 10,855'</u>					Depth Casing Shoe			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
<u>24"</u>	<u>20" 94#</u>		<u>30'</u>		<u>10 yds (circ)</u>			
<u>17 1/2"</u>	<u>13 3/8" 48#</u>		<u>642'</u>		<u>650 sx circ</u>			
<u>12 1/4"</u>	<u>9 5/8" 36#</u>		<u>3,050'</u>		<u>1350 sx circ</u>			
<u>8 3/4"</u>	<u>5 1/2" 17#</u>		<u>11,450'</u>		<u>1070 sx TOC @ 7665'</u>			

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.) <u>Part ID-3</u>	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size <u>7-27-98</u> <u>chy ap</u>
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

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 LARRY JONES
Printed Name LARRY JONES Title 7-18-2093
Date 7-13-90 Telephone No.

OIL CONSERVATION DIVISION

Date Approved JUL 20 1990

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.