

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

OIL CONSERVATION DIVISION

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

AMENDED

I.

Operator Bonneville Fuels Corporation ✓	Well API No. 3001521814
Address 1660 Lincoln Street, Ste 1800, Denver, CO 80264	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input checked="" 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"/>
If change of operator give name and address of previous operator OCT - 6 1993	

II. DESCRIPTION OF WELL AND LEASE

Lease Name Avalon Federal	Well No. 1	Pool Name, Including Formation Burton Flat Atoka-Morrow	Kind of Lease State, Federal or Fee	Lease No. NM-13624
Location Unit Letter <u>X</u> : <u>350</u> Feet From The <u>East</u> Line and <u>803</u> Feet From The <u>South</u> Line Section <u>1</u> Township <u>21S</u> Range <u>26E</u> , NMPM, Eddy County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> Scurlock Permian Corp	Address (Give address to which approved copy of this form is to be sent) P. O. Box 4648 Houston, TX 77210-4648	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> El Paso Natural Gas Company	Address (Give address to which approved copy of this form is to be sent) 304 Texas Street, El Paso TX 79901	
If well produces oil or liquids, give location of tanks.	Unit x	Sec. 1
	Twp. 21S	Rge. 26E
	Is gas actually connected? yes	
	When ?	

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	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
		x						x
Date Spudded 5/17/1976	Date Compl. Ready to Prod. 10/2/93		Total Depth 11,450'		P.B.T.D. Pkr @ 10,760' 11,242'			
Elevations (DF, RKB, RT, GR, etc.) 3212 GL	Name of Producing Formation Atoka		Top Oil/Gas Pay		Tubing Depth 10,731'			
Perforations 10418-22' 10724-30'					Depth Casing Shoe			

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17	13-3/8	215	380
13 3/4	9 5/8	2560	750
8 3/4	5 1/2	11,361	650
	2 7/8	10,731	Pkr @ 10338

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

GAS WELL

Actual Prod. Test - MCF/D 460	Length of Test 24 hrs	Bbls. Condensate/MMCF 0	Gravity of Condensate na
Testing Method (pilot, back pr.) flow - stabilized	Tubing Pressure (Shut-in) 260 psi	Casing Pressure (Shut-in) 0	Choke Size 18/64

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 Doris Maly
Printed Name Doris Maly Engineering Technician
Title
Date 2/10/94 Telephone No. (303) 863-1555

OIL CONSERVATION DIVISION

Date Approved FEB 21 1994

By DIRECTOR DISTRICT I

Title DIRECTOR DISTRICT I

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.