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

State of New Mexico  
Energy, Minerals and Natural Resources Department

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

OIL CONSERVATION DIVISION

RECEIVED

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

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

JUL 20 '90

I. Operator Larry Jones, d/b/a Premier Production Company Well API No. 30-013-2201E

Address P. O. Box 1246, Artesia, New Mexico 88210

Reason(s) for Filing (Check proper box)  Other (Please explain)

New Well  Change in Transporter of:  Dry Gas

Recompletion  Oil  Casinghead Gas  Condensate

Change in Operator

If change of operator give name and address of previous operator Chevron U.S.A. Inc., P.O. Box 1150, Midland, TX. 79702

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Eddy "FV" State</u>	Well No. <u>2</u>	Pool Name, including Formation <u>Und. Upper Penn</u>	Kind of Lease <u>State</u>	Lease No. <u>K-6527</u>
Location				
Unit Letter <u>K</u>	: <u>1980</u>	Feet From The <u>South</u>	Line and <u>1980</u>	Feet From The <u>West</u>
Section <u>25</u>	Township <u>20S</u>	Range <u>27E</u>	<u>NMPM</u>	Eddy 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>Permian Corporation</u>	<u>P. O. BOX 3119, Midland, TX 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>El Paso Natural Gas</u>	<u>P. O. Box 1492, El Paso, TX 79999</u>
If well produces oil or liquids, give location of tanks.	Unit   Sec.   Twp.   Rge.   Is gas actually connected?   When?
	<u>Yes</u>   <u>4-4-85</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	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
		X						
Date Spudded <u>1-14-77</u>	Date Compl. Ready to Prod. <u>4-23-77</u>	Total Depth <u>11,425'</u>	P.B.T.D. <u>10,327'</u>					
Elevations (DF, RKB, RT, GR, etc.) <u>3317' GL</u>	Name of Producing Formation <u>Und. Upper Penn</u>	Top Oil/Gas Pay <u>9932'</u>	Tubing Depth <u>9881'</u>					
Perforations <u>9932' - 9944'</u>	Depth Casing Shoe							
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
<u>17 1/2"</u>	<u>13 3/8" 48#</u>	<u>602'</u>	<u>525 sx circ</u>					
<u>12 1/4"</u>	<u>9 5/8" 36# &amp; 40#</u>	<u>2,991'</u>	<u>1400 sx circ</u>					
<u>8 3/4"</u>	<u>5 1/2" 15.5# &amp; 17#</u>	<u>11,425'</u>	<u>575 sx TOC 9480'</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>Post ID-3</u>
			<u>7-27-90</u>
Length of Test	Tubing Pressure	Casing Pressure	Choke Size <u>why op</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 (puot, 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 (585) 748-2093

Date 7-13-90 Telephone No. (585) 748-2093

OIL CONSERVATION DIVISION

Date Approved JUL 20 1990

By ORIGINAL SIGNED BY  
MIKE WILLIAMS  
SUPERVISOR, DISTRICT II

Title \_\_\_\_\_

- 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 multiple completed wells.