Appropriate District Office DISTRICT 1 P.O. Box 1980, Hobbs, NM 88240

DISTRICT II P.O. Drawer DD, Artesia, NM \$8210

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

<u>s.</u>

Petroleum Reserve Corporation

Harvard,

Suite 305

I. Operator

Address

4815

## Fnergy, Minerals and Natural Resources Department

## **OIL CONSERVATION DIVISION** P.O. Box 2088

Santa Fe, New Mexico 87504-2088

**REQUEST FOR ALLOWABLE AND AUTHORIZATION** 

	-1-07	
	uctions 1 of Pag	
 0400		7
	215	I

Line

County

Diff Res'y

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O TRANSPORT OIL AND NATU	Well API No.	
on	30-015-2200	)6 ·
	Plana andria)	
• • •	Please explain)	
hange in Transporter of:		
Dry Gas X Gas Condensate	······································	
	· · · · · · · · · · · · · · · · · · ·	
SE		

Reason(s) for Filing (Check proper bax)	<u></u>					Othe	t (Please expla	in)				
		Change in	i Tran	sporter								
ecompletion	Oil		Dry	Gas	<u>X</u>							
hange in Operator	Casinghe	ad Gas 🔲	] Con	densate								
change of operator give name												
d address of previous operator												
. DESCRIPTION OF WELL	AND LE	ASE						<u> </u>			ease No.	
case Name		Wel! No.	Poo	l Name	, Includi	ng Formation			f Lease Federal or Fed			
State 21 Com,		1		Bur	ton F	<u>'lat Morr</u>	<u>ow</u>	State,		L151	_4	
ocation												
T C	_	660	Real	Rom	The	NoLine	and198	<u>0</u> Fe	et From The	East	Ľ	
Unit LetterB			_ 100								_	
Section 21 Township	21	0S	Ran	126	28E	, NN	1PM, <u>F</u>	ddy			County	
Section 21 Township		<u> </u>										
II. DESIGNATION OF TRAN	SPORTI	ER OF Ö	IL A	AND	NATU	RAL GAS						
Vame of Authorized Transporter of Oil		or Conde	nsale		<u></u>	Address (Giw	address to wh	iich approved	copy of this f	orm is to de si	tru)	
No change Permian				L.,								
No change / Condens			or I	Dry Ga	• 🗆		address 10 wh					
Superior Pipeline Co.				-			ouglas /			as, Tx.	<u>75225</u>	
f well produces oil or liquids,	Unit	Sec.	Tw	p.	Rge.	Is gas actually	connected?	When				
ve location of tanks.	В	21		os i	28E	In Proc	ess	AS	AP; S/B	1_week		
this production is commingled with that I	mm any of		r pool.	give C	omming	ling order numb	er:					
V. COMPLETION DATA				•	-	_						
V. COMPLETION DATA		Oil Wel	tt	Gas	Well	New Well	Workover	Dcepen	Plug Back	Same Res'v	Diff Rea	
Designate Type of Completion	· (X)		••		X			İ	l	<u> </u>	$ \bot $	
	Dute Cor	npl. Ready 1	lo Pro			Total Depth			P.B.T.D.			
Date Spudded		11/77				11,4	427		11.3		ن	
2/13/77		Producing F	Roma	tion		Top Oil/Cas			Tubing Dep	ph	•	
Ievations (DF, RKB, RT, GR, etc.)		rrow				11,064			11	11,417		
3246GR 3264 KB							<u> </u>		Depth Casi	ng Shoe		
Perforations 11,064-11,080 32	Holes	11,14	8-1	1,16	4 32	Holes		/	11,4	09		
11,125-11,134 18						CEMENTI	NG RECOR	D				
	<u>,</u>	TURING	1, CA	10 012			DEPTH SET	· · · · · · · · · · · · · · · · · · ·		SACKS CEN	AENT	
HOLE SIZE	<u> </u>	ASING & T	UBIL	NG 512			1.417					
	2	3/8"	<u> </u>						400	sxs. Ci	rc.	
171	13 3/8"			600'			1900 sxs. Circ.					
12		5/8"			$\rightarrow$	3,000'			800 sxs.			
7 7/8"		11			<del>`</del>			·				
V. TEST DATA AND REQUE	ST FOR	ALLOW	VAB	LE	<u> </u>	the second to a	- arcead top all	lowable for th	is depth or be	for full 24 ho	ours.)	
OIL WELL (Test must be after t	ecovery of	total volum	u of l	oad oil	and mil	Deschucing M	ethod (Flow, p	ump. gas lift.	elc.)	Post	FD-S	
Date First New Oil Run To Tank	Date of	Test	/			Flooreng in	сшор ( F		9-5-23 Choke Size , a he 1, 7/51			
						Casing Press		<u></u>				
Length of Test	Tubing Pressure					Casing Press	nic			لر من	ייןע	
						-		<u> </u>	Gas-MCP	·····		
Actual Prod. During Test	Oil - Bbls.					Water - Bble	•					
GAS WELL	Length	Test				Bbls. Condensate/MMCF			Gravity of Condentate			
Actual Prod. Test - MCF/D	Lengui	Of Ider				1						
	Tubing Pressure (Shut-in)					Casing Press	aure (Shut-in)	Choke Siz	1.0			
Testing Method (pilot, back pr.)	tuoing	Licennie (or	tint-mi	,					i			
VI. OPERATOR CERTIFIC	CATE C	OF COM	<b>IPL</b>	IAN	CE		OIL CO	NSFR\	ATION	I DIVISI	ON	
I have a set in the place and real	lations of I	the Oil Con	serval	100								
Distates have been complied with and	l unal unc li	Molimenos 5	CIACU.	above					AU6 2	7 1993		
is true and complete to the best of my	knowledg	e and belief.	•			Dat	e Approv	ed				
	4	)										
Sharon K. D	BARK /					By_						
	11	i				<sup>₽</sup>						
Signature Sharon Kay Stepp, O	<u>ffice</u>	ADmin.				11						
Poland Mama		749-0		Title .		Title	€					
August 14, 1993	(210)			ione No	).	11						
Date		ا 	erchi									
		ha 61. J 1		molie	ce wit	h Rule 1104						
INSTRUCTIONS: This fo 1) Request for allowable for	rm is lo	De Tiled I		inpiiäi	WIU توريد. معر المريد	wet he error	nnanied hv	abulation of	of deviation	n tests takei	n in acco	
1) Request for allowable for	r newly (	drilled or	aect	rened	weu in							
with Rule 111.			_							•		

laken in accordance 1)

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.