Submit 5 Copies
Appropriate District Office P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

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Revised 1-1-89 See Instructions APR 2 9 1991 Bottom of Page

OIL CONSERVATION DIVISION

P.O. Box 2088

DISTRICT II P.O. Drawer DD, Antesia, NM 88210 O. C. D. Santa Fe, New Mexico 87504-2088 DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410 ARTESIA, OFFICE REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS Operator Well API No VISION ENERGY INC Address 2825 PECOS HWY CARLSBAD, NM 88220 Reason(s) for Filing (Check proper box) Other (Please explain) New Well Change in Transporter of Dry Gas Recompletion Oil M Change in Operator Casinghead Gas Condensate If change of operator give name and address of previous operator AMOCO PRODUCTION P. 0. **BOX** HOBBS, NM 88240 IL DESCRIPTION OF WELL AND LEASE Lease Name Well No. | Pool Name, Including Formation Kind of Lease State Federal or Fee Lease No. STATE "AC" COM (WOLFCAMP) NORTH BURTON FLAT 487 Location 1980' Feet From The South Line and 1980' Unit Letter. Township **20S** 28E Range , NMPM, Eddy III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be sent) Permian Conp. P.O. Box 1183 Houston, TX Name of Authorized Transporter of Casinghead Gas or Dry Gas 💢 Address (Give address to which approved copy of this form is to be sent) Phillips Petroleum 4001 Pedbrook street, Odessa, TX If well produces oil or liquids, give location of tanks. Unit Sec. Rge. Twp. is gas actually connected? When ? 21 20S 28E J Yes June 19, 1987 If this production is commingled with that from any other lease or pool, give commingling order number: <u>N/A</u> IV. COMPLETION DATA Oil Well Gas Well New Well Workover Deepen Plug Back Same Res'v Diff Res'y Designate Type of Completion - (X) Date Spudded Date Compl. Ready to Prod. Total Depth P.B.T.D. Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Top Oil/Gas Pay **Tubing Depth** Perforations Depth Casing Shoe TUBING, CASING AND CEMENTING RECORD **HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT** 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 Producing Method (Flow, pump, gas lift, etc.) Date of Test PostED-IDB Length of Test **Tubing Pressure** Casing Pressure Actual Prod. During Test Oil - Bbls. Water - Bbis. **GAS WELL** Actual Prod. Test - MCF/D Length of Test Bbls. Condensate/MMCF Gravity of Condensate Testing Method (pitot, back pr.) Tubing Pressure (Shut-in) Casing Pressure (Shut-In) Choke Size VI. OPERATOR CERTIFICATE OF COMPLIANCE OIL CONSERVATION DIVISION 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. Date Approved <u>MAY 1 5 1991</u> Tonney W Folso Signature ORIGINAL SIGNED BY Tommy Folsom General Manager Printed Name MIKE WILLIAMS Title Title_ 4/29/91 SUPERVISOR, DISTRICT IT 505) 236-6600

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

Date

- 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.

Telephone No.

3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter or other such changes