

OIL CONSERVATION DIVISION

DRAWER DD

ARTESIA NM

DISTRICT OFFICE II

July thru December 1992

NO. 2099 T/2

SUPPLEMENT TO THE OIL PROBATION SCHEDULE

DATE December 10, 1992

PURPOSE ALLOWABLE ASSIGNMENT - TESTING

Effective December 1, 1992 a testing allowable of 1000 barrels of oil is hereby assigned to Energex Co., State #1-M-2-21-28 in the Und. Bone Spring Pool for the month of December 1992.

MW/mm

Energex Co.

PSP

OIL CONSERVATION DIVISION

Mike Williams

DISTRICT SUPERVISOR

Submit 5 Copies
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

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

Operator Energex Company		505-622-6713	Well API No. 30-015-23100
Address 100 North Pennsylvania, Roswell, NM 88201			
Reason(s) for Filing (Check proper box)		<input type="checkbox"/> Other (Please explain) <i>Test Allow: 1000 bbls</i>	
New Well <input type="checkbox"/>	<input checked="" type="checkbox"/> Re-Entry	Re-entered well - flowing to frac	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	tank - this report filed to move oil from	
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	frac tank and finish completing well.	
If change of operator give name and address of previous operator		<i>for month of Dec. 1992</i>	

II. DESCRIPTION OF WELL AND LEASE

Lease Name State	Well No. 1	Pool Name, Including Formation Bone Spring	Kind of Lease State, Federal or Fee	Lease No. VB-0183	State
Location Unit Letter <i>M</i> : 3300 Feet From The South Line and 660 Feet From The West Line Section 2 Township 21-S Range 28-E, NMPM, 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) P O Box 1356, Dumas, TX 79029 Attn: J Carba...					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
If well produces oil or liquids, give location of tanks.	Unit M	Sec. 2	Twp. 21S	Rge. 28E	Is gas actually connected? No	When? Unknown

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
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	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	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 *Jackie Midkiff*
Printed Name Jackie Midkiff Landman
Date 11/27/92 Telephone No. 505-622-6713

OIL CONSERVATION DIVISION

Date Approved DEC 10 1992

By ORIGINAL SIGNED BY
Title SOUTHERN 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.