Submit 5 Copies
Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department Revised 1-1-89 See Instructions at Bottom of Page

## **OIL CONSERVATION DIVISION**

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

l	T	O TRANS	PORT OIL	AND NAT	URAL G		DI NI.			
Operator Energex Company			50	5-622-6713 Well A			71 No. 30-015-23100			
Address 100 North Pennsylvan	ia, Rosw	vell, NM	88201							
Reason(s) for Filing (Check proper box)  New Well Recompletion  Change in Operator		Thange in Trai	asporter of:	Re-entered well - flowing to frac tank - this report filed to move oil from frac tank and finish completing well.						
If change of operator give name and address of previous operator					n mor	The of	Pec.	1992		
II. DESCRIPTION OF WELL	AND LEAS	SE				$\mathcal{U}$				
Lease Name State	Well No.   Prof Name, Including 1 Bone Spri			ng Formation ng			Kind of Lease Lease No. VB-0183 State			
Location Unit Letter	: 3300	) Fee	et From The	outh Line	and66	0 Fee	et From The	West	Line	
Section 2 Townsh	ip 21-5	S Ra	nge 28-E	, NI	мрм,	Eddy			County	
III. DESIGNATION OF TRAN	SPORTER	OF OIL	AND NATUI	RAL GAS						
Name of Authorized Transporter of Oil		or Condensate					copy of this for		1	
Petro Source Partner Name of Authorized Transporter of Casin None Designated at 1	ghead Gas		Dry Gas				copy of this for		J Carbaງ ພ)	
If well produces oil or liquids,		Sec. Tw	p. Rge.	Is gas actually connected? When ?						
give location of tanks.	M		21S   28E		0	<u>  Unki</u>	nown			
If this production is commingled with that IV. COMPLETION DATA	from any othe		<u></u>		<u>,</u>		Dive De la le	ana Basin	bin parti	
Designate Type of Completion	- (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back S	ame Kes 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 Pro	ducing Forms	ation	Top Oil/Gas Pay			Tubing Depth			
Perforations				<u></u>			Depth Casing	Shoe		
	T	JBING, CA	ASING AND	CEMENTI	NG RECO	RD .				
HOLE SIZE	CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT			
V. TEST DATA AND REQUE	ST FOR A	LLOWAR	LE	<u> </u>			<u> </u>			
OIL WELL (Test must be after	recovery of tol	al volume of l	oad oil and must	be equal to or	exceed top al	llowable for thi	s depth or be fo	r full 24 hou	vs.)	
Date First New Oil Run To Tank	Date of Tes	1		Producing M	ethod (Flow, p	ownp, gas lift, i	etc.)			
Length of Test	Tubing Pres	Tubing Pressure			Casing Pressure			Choke Size		
Actual Prod. During Test	Oil - Bbls.			Water - Bbls.			Gas- MCF			
GAS WELL				. <b>)</b>						
Actual Prod. Test - MCF/D	Length of Test			Bbis. Condensate/MMCF			Gravity of Condensate			
Testing Method (pitot, back pr.)	Tubing Pres	ssure (Shut-in	)	Casing Pressure (Shut-in)			Choke Size			
VI. OPERATOR CERTIFIC					OIL CO	NSFRV	ATION [	DIVISIO	ON.	
I hereby certify that the rules and reg Division have been complied with an is true and complete to the best of m	d that the infor	mation given	io <del>a</del> above				DEC 1 0			
	Tuell	4			e Approv					
Signature/ Jackie Midkiff Landman				By CRIGHMAL SIGNED BY  (10% CLEAR FOR DISTRICT II						
Printed Name 11/27/92	505	5-622-67		Title	<u> </u>	and the second s	The state of the s	F - 2		
Date		i eleph	ione No.	H						

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.