omt 5 Copies geoprate Instrict Office 5 TRICT I D. Hox 1980, Hobbs, NM 88240 STRICT II D. Drawer DD, Artesia, NM 88210	En v, Minerals and Natur OIL CONSERVA P.O. Boy Santa Fe, New Mey	¢ 2088	RECEIVED 050-3-0-1992	Revised 1-1-89 See Instructions at Bottom of Page
157 RICT III (x) Kio Brazos Rd., Aziec, NM 87410	REQUEST FOR ALLOWABI		O. C. D. IONATESIA SERTE	W
pentor Dakota Resources, Inc.	J		30-015-34824	
ddress 310 W. Wall, Ste 814, Name tcason(s) for Filing (Check proper box) lew Well tecompletion Thange in Operator change of operator give name id address of previous operator	Change in Transporter of	 Other (Please explain) 380 Bbl from Salt 	Water Disposal	-
I. DESCRIPTION OF WELL 2 case Name	AND LEASE Well No. Pool Name, Includin	g Formation	Kind of Lease State, Federal or Fee	Lease No.
Big Eddy Federal		c //93		1.7
Unit Letter <u>L</u> Section 8 Township	212 205			Line
		Address (Give address to which a _P.OBox_159, Art Address (Give address to which a	esia. NM 88210	
II well produces oil or liquids, ive location of tanks.		Is gas actually connected?	When ?	
this production is commingled with that : V. COMPLETION DATA	from any other lease or pool, give commingli			b. i. b. ice b. i
Designate Type of Completion	- (X) Oil Well Gas Well Date Compl. Ready to Prod.	New Well Workover I 	Deepen Plug Back Sa 	me Res'v Diff Res'v
Lievations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth	***
Pertorations			Depth Casing S	ihoe
HOLE SIZE	TUBING, CASING AND CASING & TUBING SIZE	CEMENTING RECORD DEPTH SET	SA	CKS CEMENT
V. TEST DATA AND REQUE OIL WELL (lest must be after i Date First New Oil Run To Tank	ST FOR ALLOWABLE recovery of total volume of load oil and must Date of Test	be equal to or exceed top allowa Producing Method (Flow, pump,	ble for this depth or be for gas lift, etc.)	fidl 24 hours.)
Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas- MCF	
GAS WELL Actual Pixt. Test - MCF7D	Length of Test	Bbls. Condensate/MMCF	Gravity of Co	ndensate
festing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size	
VI. OPERATOR CERTIFIC Thereby certify that the rules and regu- Division have been complied with and is true and complete to the best of my	lations of the Oil Conservation I that the information given above	Date Approved		
Sugname	<u> A state and an </u>	By ORIG	INAL SIGNED BY	
Leah Raby Printed Name	<u>Production Cler</u> Tute (915)687-0501	Title	ERVISOR, DISTRIC	r 19

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.