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State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

RECEIVED
51463104
Revised 1-1-89
See Instructions
at Bottom of Page

MAR 20 '89

O. C. D.
ARTESIA, OFFICE

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator DINERO OPERATING COMPANY		Well API No. 30-015-26048
Address P.O. Box 10505, Midland, Texas 79702		
Reason(s) for Filing (Check proper box) New Well <input checked="" type="checkbox"/> <input type="checkbox"/> Change in Transporter of: Recompletion <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Change in Operator <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>		Other (Please explain) CASINGHEAD GAS MUST NOT BE FLARED 5/22/89 UNLESS IT IS OBTAINED RULE 305 IS OBTAINED EX # 2-810
If change of operator give name and address of previous operator		

II. DESCRIPTION OF WELL AND LEASE

Lease Name Dinero Exxon 22 State	Well No. 1	Pool Name, Including Formation Catclaw (Draw) Delaware	Kind of Lease State, Federal or Fee	Lease No.
Location Unit Letter A : 660 Feet From The North Line and 660 Feet From The East Line Section 22 Township 21-S Range 25-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"/> Koch Oil Co. (Div. of Koch Ind., Inc.)	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1558 Breckenridge 76024					
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 A	Sec. 22	Twp. 21-S	Rge. 25-E	Is gas actually connected? no	When? negotiating for market
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 <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v <input type="checkbox"/>	Diff Res'v <input type="checkbox"/>
Date Spudded 12-31-88	Date Compl. Ready to Prod. 02-24-89		Total Depth 3000'		P.B.T.D. 2750'			
Elevations (DF, RKB, RT, GR, etc.) RKB 9.5'	Name of Producing Formation Delaware		Top Oil/Gas Pay 2290 2414		Tubing Depth 2505			
Perforations (2414-24) (2424) (2432-35) (2438-43) (2450-54) (2473-82) (2488-92) (2505-18) (2530-39) 2 shots per ft, 129 holes 3/8					Depth Casing Shoe 3000			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4	8 5/8		1872		820 sx PS Lite, 200 sxs P			
7 7/8	4 1/2		502.25		60 sx PSL C 3 1/2 C			
7 7/8	4 1/2		301.45		350 sx 50/50 Poz. C			
2 3/8	2 3/8		2505					

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 02-24-89	Date of Test 03-14-89	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 hours	Tubing Pressure 75#	Casing Pressure 680#	Choke Size 3-24-89
Actual Prod. During Test	Oil - Bbls. 58	Water - Bbls. 240	Gas - MCF 85

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
L. C. McClure
Printed Name
03/15/89
Date
(915) 684-5544
Telephone No.

Production Foreman
Title

OIL CONSERVATION DIVISION

Date Approved MAR 21 1989

By Original Signed By
Mike Williams

Title

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.

