_			and 19760		
Submit 5 Copies Appropriate District Office DISTRICT I		ew Mexico tral Resources Department	56 ⁶ <u>-</u> 5 199	See Instructions	
P.O. Box 1980, Hobbs, NM 88240 DISTRICT II P.O. Drawer DD, Artenia, NM 88210	OIL CONSERVA P.O. Bo	TION DIVISION		at Bottom of Page	
	Santa Fe, New Me	exico 87504-2088			
000 Rio Brazos Rd., Azzec, NM 87410	REQUEST FOR ALLOWAR		TION		
•	TO TRANSPORT OIL	AND NATURAL GAS	W-II A DI M-		
Opennor Hadson Petroleum (IISA), Inc.		Well API No.		
Address			<u> </u>		
P.O. Box 26770, O Reason(s) for Filing (Check proper box)	klahoma City, OK 73126	Other (Please explain)			
New Well	Change in Transporter of:				
	Oil Dry Gas				
change in Operator X	Casinghead Gas Condensate				
ad address of previous operatorB	aruch-Foster Corporation.	, P.O. Box 26770, C)klahoma City	<u>, OK 73126</u>	
L DESCRIPTION OF WELL			Kind of Lease	Lease No.	
Allen	Well No. Pool Name, Includin 1 South Carl	ngronnwuon Lsbad (Morrow)	State, Federal or Fee		
Location					
Unit LetterI		South Line and 1980	Feet From The	East Line	
Section 31 Towns	hip 22S Range 27	E, NMPM,	Eddy	County	
	······································		_		
II. DESIGNATION OF TRA	NSPORTER OF OIL AND NATU	RAL GAS Address (Give address to which a	approved copy of this f	orm is to be sent)	
				,	
Name of Authorized Transporter of Casi	nghead Gas 📄 or Dry Gas 🕅	Address (Give address to which a		orm is to be sent)	
El Paso Natural Gas f well produces oil or liquide,		P.O. Box 1492, El Is gas actually connected?	Paso, TX 7	9978	
ve location of tanks.		Yes	•	/6/76	
	it from any other lease or pool, give commingi				
V. COMPLETION DATA	Oil Well Gas Well	New Well Workover	Deepen Plug Back	Same Res'v Diff Res'v	
Designate Type of Completion	n - (X)		İ	i	
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D .		
levanons (DF, RKB, RT, GR, etc.) Name of Producing Formation		Top Oil/Gas Pay	Tubing Dep	Tubing Depth	
Perforations			Death Cari	Depth Casing Shoe	
CITCH MICHA			Deptil Can		
	TUBING, CASING AND	CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET			
V. TEST DATA AND REQU	EST FOR ALLOWARD F				
	r recovery of total volume of load oil and must	be equal to or exceed top allowal	ble 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.)	2 1/1703	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size	TA SILON	
				ad the	
Actual Prod. During Test	Oil - Bbls.	Water - Bbis.	Gas- MCF	Grig U	
	1				
GAS WELL Actual Prod. Test - MCF/D	Length of Test	Bbls, Condensate/MMCF	Gravity of	Condensate	
Fosting Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size		
VI. OPERA IOK CER IIFI I hereby certify that the rules and rep	CATE OF COMPLIANCE	OIL CONS	ERVATION	DIVISION	
Division have been complied with a	nd that the information given above		r		
is true and complete to the best of m	iy kulowienge and belief.	Date Approved			
Alexand	Amits				
Signature Stephen C. Zamets Engineering Manager			ByORIGINAL SIGNED BY		
Printed Name	MIKE WILLIAMS				
<u>September 9, 1991</u> Date	(405) 235-9531. Telephone No.				
	i creputure 140.	11			

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.