

DISTRIBUTION	
ANTA FE	
ILE	
S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

NEW MEXICO OIL AND GAS COMMISSION
REQUEST FOR ALLOWABLE

Form C-104
Superseding Old C-104 and C-110
Effective 1-1-65

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

RECEIVED

MAR 12 1976

Operator American Quasar Petroleum Co. of New Mexico	
Address 1000 Midland National Bank Tower, Midland, Tx 79701	
Reason(s) for filing (Check proper box) New Well <input checked="" type="checkbox"/> Change in Transporter of: Recompletion <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Change in Ownership <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
Other (Please explain)	

If change of ownership give name and address of previous owner

O.C.C.
ARTESIA, OFFICE

II. DESCRIPTION OF WELL AND LEASE

Lease Name Robinia Draw Unit 1	Well No. Robinia Draw-Morrow Gas	Kind of Lease Federal	Lease No. NM055826
Location Unit Letter <u>K</u> ; <u>1675</u> Feet From The <u>South</u> Line and <u>1675</u> Feet From The <u>West</u> Line of Section <u>7</u> Township <u>23S</u> Range <u>24E</u> , NMPM, <u>Eddy</u> County			

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> NONE	Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> El Paso Natural Gas Company	Address (Give address to which approved copy of this form is to be sent) Box 1492, El Paso, Tx 79998
If well produces oil or liquids, give location of tanks.	Unit <u>1</u> Sec. <u>1</u> Twp. <u>1</u> Range <u>1</u>	When requested? <u>No</u> When <u>3-12-76</u> approximately

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	Test Well	Work over	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		X	X					
Date Spudded 3-31-75	Date Compl. Ready to Prod. 10-24-75	10615	P.B.T.D. 10262					
Elevations (DF, RKB, RT, GR, etc.) 4181 GR	Name of Producing Formation Morrow	9937	Tubing Depth 9878					
Perforations 9937-9947'			Depth Casing Shoe 10615'					
TUBING, CASING, AND CEMENT RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
26"	20"	40'	5 yds Redi-mix					
17 1/2"	13 3/8"	400'	425 sx circ.					
12 1/4"	8 5/8"	2460'	1150 sx circ.					
7 7/8"	5 1/2"	10615'	300 sx					

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

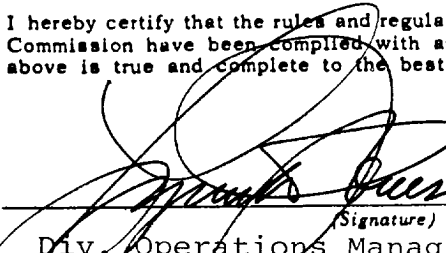
Date First New Oil Run To Tanks	Date of Test	(Test must be when pressure at total volume of load oil and must be equal to or exceed top allowable for this depth in the full 24 hours)	
Length of Test	Tubing Pressure	Gravel Pack	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Cut	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D 234.3	Length of Test 4 hours	Relative Density (SGG) ----	Gravity of Condensate ----
Testing Method (pitot, back pr.) back pr.	Tubing Pressure (shut-in) 3010	Casing Pressure (shut-in) pkrr	Choke Size various

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.


Lynn D. Jones
Div. Operations Manager
March 11, 1976

OIL CONSERVATION COMMISSION

MAR 22 1976
APPROVED
W. A. Gressett
SUPERVISOR, DISTRICT II

This form is to be filed in compliance with RULE 1104.
If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for allowable on gas and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.