

## OIL CONSERVATION DIVISION

P. O. BOX 2088

RECEIVED BY SANTA FE, NEW MEXICO 87501

FEB 27 1986

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator	
DINERO OPERATING COMPANY	
Address	
P.O. DRAWER 10505, MIDLAND, TEXAS 79702	
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)	
CASINGHEAD GAS MUST NOT BE FLARED AFTER 5-4-86 EXCEPTION FROM THE RULE IS OBTAINED	
If change of ownership give name and address of previous owner	

## II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease
Dewey	2	Malaga Delaware	State, Federal or Fee	Federal NM 279
Location				
Unit Letter B : 560 Feet From The North Line and 2060 Feet From The East				
Line of Section 24 Township 24S Range 28 E , NMPM, Eddy Coun				

## III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Koch Oil Company	2205 Wilco Building, Midland, Texas 79702
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)
Have applied for Exception to Flare	
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
B 24 24S 28E	No

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	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. R
XXX			X					
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
01/13/86	02/19/86	4600'	3600'					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
2983.4" G.L.	Malaga Delaware	2723	2750					
Perforations	Depth Casing Shoe							
2723-29, 2740-50 Two shots per foot.	3656.63							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
12 1/4	8 5/8 Casing	415	300 sx Cl. C 2% C					
7 7/8	4 1/2 casing	3656.63	600 sx Pacesetter H.C					
			485 sx 50/50 Poz. C					
	2 3/8 tubing	2750						

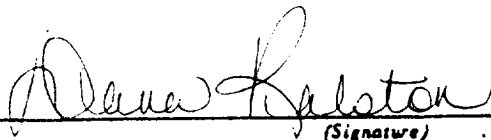
V. TEST DATA AND REQUEST FOR ALLOWABLE  
OIL WELL(Test must be after recovery of total volume of load oil and must be equal to or exceed top oil  
able for this depth or be for full 24 hours)

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	Test 30-2 3-7-86 camp & BK
02/19/86	02/24/86	Pumping	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hours	0	15#	None
Actual Prod. During Test	Oil-Bble.	Water-Bble.	Gas-MCF
	49	45	19

## GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bble. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (shot-in)	Casing Pressure (shot-in)	Choke Size

## I. 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)

Production Clerk

(Title)

February 25, 1986

(Date)

## OIL CONSERVATION DIVISION

FEB 28 1986

APPROVED \_\_\_\_\_, 19\_\_\_\_

BY \_\_\_\_\_  
Original Signed By  
Mike WilliamsTITLE \_\_\_\_\_  
Oil & Gas Inspector

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 deviat  
tests taken on the well in accordance with RULE 111.All sections of this form must be filled out completely for allow  
able on new and recompleted wells.Fill out only Sections I, II, III, and VI for changes of owne  
well name or number, or transporter, or other such change of conditioSeparate Forms C-104 must be filed for each pool in multip  
completed wells.