

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION

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

AUG 28 1992

O. C. D.
ADDITIONAL OFFICE

See Instructions
at Bottom of Page

45798

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator STAN MORGAN, D.B.A. ADVANTAGE PUMPING SERVICE		Well API No. 30-015-26102
Address 1728 MUSCATEL CARLSBAD, N.M. 88220		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
New Well <input type="checkbox"/>	Change in Transporter of:	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	
Change in Operator <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
If change of operator give name and address of previous operator BIRD CREEK RESOURCES, INC.		

II. DESCRIPTION OF WELL AND LEASE

Lease Name VASQUEZ	Well No. 1	Pool Name, including Formation CASS DRAW DELAWARE	Kind of Lease State, Federal or Fee FEE	Lease No. FEE
Location				
Unit Letter D	: 480	Feet From The NORTH Line and 950	Feet From The WEST Line	
Section 13	Township 23S	Range 27E	NMPM, EDDY	County

EOTT Energy Operating LP

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil (1) PRIDE PIPELINE CO. <input checked="" type="checkbox"/> EOTT Energy Corp.	Address (Give address to which approved copy of this form is to be sent) BOX 2436 ABILENE TX 79604
(2) ENRON OIL TRADING & TRANSPORT Effective 1-1-93	Address (Give address to which approved copy of this form is to be sent) P.O. BOX 1186 HOUSTON TX 75251-1188
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 Sec. Twp. Rge. Is gas actually connected? When ?
	D 13 23S 27E 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 Res'v
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
Perforations				Depth Casing Shoe				

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF/D

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 Stan Morgan	Title OWNER
Printed Name STAN MORGAN	Telephone No. 885-1814
Date 8/28/92	

OIL CONSERVATION DIVISION

Date Approved **AUG 28 1992**

By **ORIGINAL SIGNED BY**

MIKE WILLIAMS

Title **SUPERVISOR, DISTRICT II**

MARI ANDRUS

9-14-92

DATE

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.