5 bmit 5 Copies Appropriate District Office DISTRICT I P.O. Box 1980, Hobbs, NM 88240

## State of New Mexico 3y, Minerals and Natural Resources Departm

## Form C-104 C S See Instructions at Bottom of Page

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

**OIL CONSERVATION DIVISION** P.O. Box 2088 Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

l.	1011	ILLIN		11 OIL	AND IN	TOTICE CO					
)perator								Well API No.			
SYLVITE CORPORATION						30-015-26714					
Address 6966 South Utica, Su	uite 200, Tul	lsa,	Okla	ahoma							
Reason(s) for Filing (Check proper box)					Oth	er (Please expl	ain) RECL				
New Well X	-1		nsporte	r of:			11 IA : 52	1 400.			
Recompletion	Oil l	$\overline{}$	y Gas				JUN Z	1 1991			
Change in Operator	Casinghead Gas	C₀	ndensat	le 📋			0. 0				
f change of operator give name and address of previous operator							ARTESIA,	OFFICE			
II. DESCRIPTION OF WELL	AND LEASE										
Lease Name	1 .	Well No.   Pool Name, Includi						Kind of Lease State, Federal or Fee		Lease No.	
LEU	1	1 East Lovir				ng (Delaware)			, redetal of ree		
Location	. 220	E.	at Emper	. The F	East ro	e and 330	) Fe	et From The	South	Line	
Unit Letter P : 330 Feet From The E											
Section 21 Towns	hi <b>p</b> 23S	Ra	inge	28E	, N	мрм,	<u> </u>	ddy		County	
III. DESIGNATION OF TRA				NATU	RAL GAS	ve address to w	hich approved	come of this f	orm is to he se	nt)	
Name of Authorized Transporter of Oil	or Con	idensate									
Pride Pipeline Co.						12300 Ford Road, Suite 348 Address (Give address to which approved copp)				13434 nt)	
Name of Authorized Transporter of Casinghead Gas or Dry Gas					-100  ft $-200  ft$ $-200  ft$			a copy of this form is to be sent			
Millard MARCH	or Coxist			Rge.	7			128/11:15 (	43-11	1005	
If well produces oil or liquids, give location of tanks. On location	well produces oil or liquids,   Unit/   Sec.   Twp.   te location of tanks. On location   P   21   238   25					ly connected?	wnen	When? 9-5-9/			
				28E	L			<del></del>	-//		
If this production is commingled with the	it from any other lease	or poo	oi, give	commingi	ing order num						
IV. COMPLETION DATA	Oil V	Vell	Ga	s Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion			.l <u>.</u>		Total Donth	L	<u>.L</u>	D D T D	<u> </u>	_ <b>_</b>	
Date Spudded		Date Compl. Ready to Prod.				Total Depth			P.B.T.D. 6550		
4/25/91 (6 a.m.)	1	6/17/91				6650'					
Elevations (DF, RKB, RT, GR, etc.) 3029GR	Name of Producing Formation Brushy Canyon				Top Oil/Gas Pay 6074			Tubing Depth 6200 1			
Perforations 2SPF at 6101, 6123-26, 28, 30-32, 34-38					3, 60, 6	5-67		Depth Casing Shoe			
Total 34 holes (.5								6649	1	`	
	TUBIN	IG. C	ASIN	G AND	CEMENT	ING RECOF	RD				
HOLE SIZE		CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT		
12-1/4	8-5/8					532'			260 sx circ for ID-2		
7-7/8"	5-1/2"				6650'			1510 sx circ 7-5-9			
										up 4- BK	
					<u></u>					<u>/</u>	
V. TEST DATA AND REQU	EST FOR ALLO	WAI	BLE								
OIL WELL (Test must be afte	r recovery of total volu	ume of	load oil	l and musi	be equal to o	r exceed top all	lowable for th	is depth or be	jor juli 24 hou	urs.)	
Date First New Oil Run To Tank	Date of Test				Producing N	Aethod (Flow, p	ump, gas liji,	elc.)			
6/15/91	6/17/91				Pump			100 1 0	Choke Size		
Length of Test	Tubing Pressure	Tubing Pressure				sure		Choke Size			
24 hours					220			Gos MCR			
Actual Prod. During Test	Oil - Bbls.			Water - Bbls.			Gas- MCF				
379 oil & water	182	182				197			292		
GAS WELL											
Actual Prod. Test - MCF/D	Length of Test	Length of Test				Bbls. Condensate/MMCF			Gravity of Condensate		
7100m1 1 100, 100 1100110											
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size			
Committee (base) and be d								<u></u>			
VI. OPERATOR CERTIF	ICATE OF CO	MPL	IAN	CE		011 00	NOCOV	ATION	DIVICIO	<b>N</b>	
I hereby certify that the rules and re	gulations of the Oil Co	onserva	tion			OIL CO	NOEHV	AHON	אפועום	JIN	
I hereby certify that the rules and regulations of the Oil Conservation  Division have been complied with and that the information given above					11			EED 4 /	7 1000		
is true and complete to the best of my knowledge and belief.					Dat	e Approv	ed	FEB 1	( 1992		
SYLVIZE CORPORATION	A					o, ppior				•	
( ) V( ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) (						ORIGINAL SIGNED BY					
Signature					By		KE WILLIA				
D. G. Campbell President					SUPERVISOR, DISTRICT IT						
Printed Name Title						e					
<u> </u>	(918) 494-603	31									
Date		relepi	hone No	J.	11						

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104 Devention Survey Macheel! 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.