Submit 5 Copies Appropriate District Office DISTRICT 1 P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

See Instructions at Bottom of Page

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

P.O. Box 2088

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410	REQUEST FOR ALLOWABLE AND
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Meroler III		Santa	Fe, New Mo	exico 8750	14-2088		<u>. </u>			
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410	DEVILLE	ፐ ፫/ነቦ	ALLOWAE	RIFAND	AUTHORE	ZATION	The state of the	THE F		
1			SPORT OIL							
Operator		INAN	SFORT OIL	. AND INA	I OI IAL U		API No.			
RAY WESTALL	L V HILLS NM 882			30-			-015-27029			
Address										
Box 4 Luco	HILLS	NM	882	S)						
Reason(s) for Filing (Check proper box)				Oth	er (Please expl	ain)				
New Well	Char	nge in Tra	nsporter of:							
Recompletion	Oil									
Change in Operator	Casinghead Gas	Co	ndensate			 				
f change of operator give name and address of previous operator										
II. DESCRIPTION OF WELL			ol Name, Includi		 	Vind.	of Lease	1 1	ase No.	
Lease Name SANTA FE FEDERAL	2		- HEMA O		un Dein		Federal of Rec	1	57980	
Location	1_2		TEIGHD	JRIT DEI	ve peur	77 4		VVIII	2.700	
	: 2080		6		. 108	<i>)</i>		FAST		
Unit Letter	-: 2000	Pe	ct From The 🚅	Link	· MIM	Pe	et from The	-720 1	Line	
Section 35 Townshi	p 22 Sout	·H Ra	nge 28 E	437 .NI	MPM.	Eddy			County	
Booton O Townson			:: b :	1						
III. DESIGNATION OF TRAN	SPORTER O	F OIL	AND NATU	RAL GAS						
Name of Authorized Transporter of Oil		Condensate		Address (Giv			copy of this for	ın is to be se	ช)	
Conoco	• • • • • • • • • • • • • • • • • • •			·	STA Or.					
Name of Authorized Transporter of Casing	gliend Gan 🔀	Ot Ot	Dry Gas [copy of this for		u)	
CNG			<u>-</u>				0/c			
If well produces oil or liquids, give location of tanks.	Unit Sec.			le gas actuali	y connected?	When	18/22/92			
•			2 28	YES			0122/			
f this production is commingled with that IV. COMPLETION DATA	from any other lea	ise or pool	, give conuning	ing order num	ber:					
V. COMPLETION DATA	10:	l Well	Gas Well	New Well	Workover	I Donner	Divo Dock	Como Doelse	Diff Res'v	
Designate Type of Completion		X WEII	I ONE MEII	I X	Morrovet	Deepen	Plug Back S	Mine Kes V	Pilit Kerv	
Date Spudded / /	Date Compl. Re	ady to Pro	J xd.	Total Depth		<u> </u>	P.B.T.D.		4	
7/28/92	8/18/92			6350			6320			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation			Top Oil/Gas Pay			Tubing Depth			
3083 GL. DELAWARE			5941			5900				
Perforations							Depth Casing		,	
5941-6188							635	D	•	
			SING AND	CEMENTI	NG RECOR	<u>D</u>	· _T · · · · · · · · · · · · · · · · · · ·			
HOLE SIZE		CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT		
1244	85/8			450			300 CIRCULATED			
178	5/2			MBO 6350			1805 CIRCULATED			
	278			5900			10-2-92			
V. TEST DATA AND REQUES	T FOR ALL	OWARI	LE.	l			· · · · · · · · · · · · · · · · · · ·			
OIL WELL (Test must be after re			•	be equal to or	exceed top allo	owable for this	depth or be for	op & B	/) c.)	
Date First New Oil Run To Tank	Date of Test	,			thod (Flow, pu			· · · · · · · · · · · · · · · · · · ·	····	
8/18/92	8/2	3/9:	2_	. /	ELOW					
Length of Test	Tubing Pressure		Casing Pressure			Choke Size	,			
24	US 20/		1700			14				
Actual Prod. During Test	Oil - Bbls.				Water - Bbis.			Gas- MCF		
	1 / 8	32		20			405	<u></u>	T	
GAS WELL										
Actual Prod. Test - MCF/D	Length of Test	**********		Bbls. Conden	sate/MMCF		Gravity of Cor	ndensate		
	pilot, back pr.) Tubing Pressure (Shut-in)		Casing Pressure (Shut-in)							
esting Method (pitot, back pr.)						Choke Size				
				·	····		<u> </u>		·	
VI. OPERATOR CERTIFIC.					VII. 001	10001				
I hereby certify that the rules and regula	itions of the Oil C	onservatio	Q	(JIL CON	IOEHV/	ATION D	IVISIO	N	
Division have been complied with and is true and complete to the best of my k	nat the informatio	n given al	OVC			^	En a 44	002		
	TOTAL SOURCE SELECTION	····		Date	Approve	dS	EP 2 8 1	33 L	-	
- Jaul Balons					• •					
Signature				Ву	ORIG	SINAL SIG	NED BY			
			6150		MIKE	WILLIAN				
Printed Name		Tiu - 2 <i>37</i>		Title	SUP	ERVISOR,	DISTRICT	17		
Date 6/00//C	6/7	- 23/ Telephon	e No		a publican managery for the M	Les ,	ودفادها فبغير سيااد إ	in graph?		
		· erebucil		1 1						

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
- 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.