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

## State of New Mexico Energy, Minerals and Natural Resources Department

RECEIVED

Revised 1-1-89 See Instructions at Bottom of Pag

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

## OIL CONSERVATION DIVISION

P.O. Box 2088

SEP - 7 1993

Santa Fe, New Mexico 87504-2088 Q. C. D.

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 8741	0	2	santa re	, New I	Mexico 875	04-2088	.•	Q. C. D.	•		
	" REQ				BLE AND			, , , , , , , , , , , , , , , , , , ,	<del>.</del>		
I. Operator		TOTR	ANSP	<u>ORT O</u>	IL AND NA	TURAL G					
1	tion Company 🗸						1	II API Na -015-27510			
Address						<del></del>	1 30-	013-2/510	<u>,</u>	<del></del>	
P.O. Box 1030, Rosw		Mexic	o 882	02-103	0						
Reason(s) for Filing (Check proper box New Well	)	Chance i	in Transpo		□ Ot	ner (Please expl	lain)				
Recompletion	Oil		Dry Ga								
Change in Operator	Casinghe	ad Gas	Conde								
If change of operator give name and address of previous operator					·	7111					
II. DESCRIPTION OF WEL	L AND LE	ASE							<del></del>		
Lease Name Nash Unit		Well No.		ime, Inclu	ling Formation		,	of Lease		ase No.	
Location	······································	#14	Nasi	1 Draw	Brushy (	anyon	State	Anderskor Fran	K-660	0	
Unit Letter A	. 660		Fo 4 Fo.	om The N	orth	e and <u>500</u>			East		
								eet From The _	Lust	Line	
Section 13 Towns	hip 23 S	outh	Range	29 Eas	t , N	MPM, Ed	ldy			County	
III. DESIGNATION OF TRA	NSPORTE	ER OF O	II. ANI	D NATI	IRAL GAS						
Name of Authorized Transporter of Oil	Address (Give address to which approved copy of this form is to be sent) 9801 Westheimer, Ste 900, Houston, TX 77042										
Petro Source Partner Name of Authorized Transporter of Case		- ( <del></del>	D (		9801 Wes	theimer,	Ste 90	O,Houston	, TX 77	042	
	mme of Authorized Transporter of Casinghead Gas					Address (Give address to which approved copy of this form is to be sent) P.O. Box 1188, Houston, TX 77002					
If well produces oil or liquids, give location of tanks.	Unit				. Is gas actually connected? Wi			nen ?			
f this production is commingled with the	H Imm any or	13	123S	29E	Yes	· ·	L_	8/2/93			
V. COMPLETION DATA	a riom any on	ACT TOUBLE OF	poor, gra	s countinuf	ing order numi	Der:				·····	
Designate Type of Completion	n - (X)	Oil Well		as Well	New Well	Workover	Deepen	Plug Back S	ame Res'v	Diff Res'v	
Date Spudded		pl. Ready to		·	Total Depth	L	L	<u> </u>		Ĺ	
7/3/93	3	8/1/93				7280'			P.B.T.D. 7268'		
Elevations (DF, RKB, RT, GR, etc.)		Name of Producing Formation Brushy Canyon Delaware				Top Oil/Gas Pay 6870' - 6889'			Tubing Depth		
Perforations	Turusii	Carry	Jii De i	aware	00/0 -	0889	<del></del>	6788 Depth Casing	Ch		
6870'-6889'								7280'	21106		
UOLE DIZE					CEMENTIN	NG RECORI	D	' <u></u>			
HOLE SIZE 17 1/2"	CASING & TUBING SIZE			DEPTH SET 315 1			SACKS CEMENT 400 Premium Plus				
12 1/4"		8 5/8"			3045'			1075 35/65 Poz C;200 Cla			
7 7/8"		′2"			7280			670	50/50 Pc	z H; 295	
. TEST DATA AND REQUE	2 7/ ST FOR A	/8"	ADIE		6788			35/65 Po			
OIL WELL (Test must be after	recovery of to	tal volume	of load oil	I and must	be equal to or i	exceed ton allow	unhle for this	donth an ha fan	6.0 24 1	,	
THE THE CHI ROLL TO TAKE	Date of Tes	4			Producing Met	thod (Flow, pur	np, gas lift, e	ic.)	jui 24 nours.	ID-27	
8/2/93 ength of Test		8/6/93			Flowing				com	30-93	
24 hours	Tubing Pres				Casing Pressur	e		Choke Size	/		
actual Prod. During Test	Oil - Bbls.	680# Oil - Bhla			-0- Water - Bbls.			21/64 Gas- MCF			
497	300				197			143			
GAS WELL								<u> </u>			
ctual Prod. Test - MCF/D	Length of Test				Bbls. Condensate/MMCF			Gravity of Condensate			
esting Method (pitot, back pr.)	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)			0.00				
					B : 100001	· (one-u)	·	Choke Size			
I. OPERATOR CERTIFIC	ATE OF	COMP	LIANC	Œ							
I hereby certify that the rules and regulations of the Oil Conservation  Division have been complied with and that the information given above					0	IL CON	SERVA	TION DI	VISION	1	
is true and complete to the best of my knowledge and belief.					SEP 2 2 1993						
(land of L					Date	Approved					
Signature.	cin	<del></del>			By	0	RIGINAL	SIGNED O	,		
Carol J. Garcia, Production Records Manager					MIKE WILLIAMS						
Printed Name	(505) 622 <sup>Tiye</sup> 127				Title SUPERVISOR, DISTRICT IF						
Date	·	Telepi	hone No.	<del></del>		:	· — <del> </del>		v~	<del></del>	
INCESTIGATIONS											

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