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Appropriate District Office
DISTRICT I
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State of New Mexico Energy, Minerals and Natural Resources Department

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

DEC. D. 11 43 AM '91

TO TRANSPORT OIL AND NATURAL GAS   Wall API No.	DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410	্য ।	anta re, New M	lexico 8/50	14-2088	C.	IRLS -	in a maria	JU	
Operation   Security		REQUEST F	OR ALLOWA	BLE AND A	AUTHOR	ZATION'	EA HELLE	-111 Ep	E	
BETTIS. BOYLE & STOVALL    P. O. BOX 1240. GRAHAM. TEXAS 76045		TO TRA	ANSPORT OI	L AND NA	TURAL G	. 10			<b>)</b>	
Residency for Fileg (Everty Proper body   Chapte in Free Fileg (Everty Proper body   Chapte in Condensate   Chap	BETTIS, BOYLE & S	i i								
Recomplicition   Change in   Temporter of		RAHAM. TEXAS	76046							
Change in Transporter of Change in Transporter of Change in Operator   Change of Operator Operato			70010	Othe	r (Please expl	ain)				
Canage in Operators    Casinghead Gas   Condensite   Chilaphead Gas   Condensite   Chilaphead Gas   Condensite   Chilaphead Gas   Chilaphead G	New Well	Change in	Transporter of:	_	•	•				
IL DESCRIPTION OF WELL AND LEASE	Recompletion 🗓	Oil 🗌	Dry Gas							
Lase Name  LEASE NAME  LEASE NAME  LEAVON "8" FEDERAL — 1— RUSTLER BLUFF ATOKA/MORRON State, Federal of Feb. RM-55929  Leave Name  LEXYON "8" FEDERAL — 1— RUSTLER BLUFF ATOKA/MORRON State, Federal of Feb. RM-55929  Location 08 Township 25 SOUTH Range 29 EAST NAMPA, EDDY County  III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GIAS  Name of Authorized Transporter of Comments — Address (Give address for which approved copy of this form is to be sen)  Name of Authorized Transporter of Comments — Address (Give address for which approved copy of this form is to be sen)  Name of Authorized Transporter of Comments — Address (Give address for which approved copy of this form is to be sen)  Name of Authorized Transporter of Comments — Address (Give address for which approved copy of this form is to be sen)  PLO ROOM THE ADD. ANTHER LOSS COMPANY  IN the produced to imprinting of with that from any other lease of pool, give comminging of other numbers: DHC 297  IV. CONTLETION DATA  Designate Type of Completion - (X) Oil Well Cast Well X X X X X X X X X X X X X X X X X X		Casinghead Gas	Condensate							
Leas Name   EXXON   181   FEDERAL   1.0   Name of horticing Promision   State   Federal or Fee   NM-55929	and address of previous operator									
EXXID "8" FEDERAL				1-1-1						
Line and   G60   Feet From The   Line and   G60   Feet From The   Name of Name   Section   O8   Township   25 SOUTH   Range   29 EAST   NMPM,   EDDY   County	I				A (140 D D O)	Kind	of Lease FE			
Unit Letter A : 860 Feet From The E Line and 660 Feet From The II Line  Section 08 Township 25 SOUTH Range 29 EAST NMPM, EDDY Country  III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  Name of Authorited Transporter of Cili  or Condensus Address (Give address to which approved copy of this form is to be sero)  Name of Authorited Transporter of Casinghead Gas  or Dry Cas    X			TRUSTLEK BL	UFF AIUK	A/MURRUV	State,	receial of re	e NM-5	5929	
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS   Name of Authorized Transporter of Oil		:860	Feet From The	E Line	and660	)· F	eet From The	N	Line	
Name of Authorized Transporter of Col.  Name of Authorized Transporter of Casinghead Gas  E. PASO, MATHERI GAS COMPANY  If well produces off or liquids, prevent of the provided copy of this form is so be sens)  If well produces off or liquids, prevent of the provided off the provided copy of this form is so be sens)  If well produces off or liquids, prevent of the provided off	Section 08 Townsh	ip 25 SOUTH	Range 29 EA	ST , NM	IPM,	78 · -	EDDY		County	
Name of Authorized Transporter of Col.  Name of Authorized Transporter of Casinghead Gas  E. PASO, MATHERI GAS COMPANY  If well produces off or liquids, prevent of the provided copy of this form is so be sens)  If well produces off or liquids, prevent of the provided off the provided copy of this form is so be sens)  If well produces off or liquids, prevent of the provided off	III. DESIGNATION OF TRAN	NSPORTER OF O	II. AND NATU	DAL GAS						
EL PASO NATHERAL CAS COMPANY   Two   Res.   Twp.   Twp.   Res.   Twp.   Res.   Twp.	Name of Authorized Transporter of Oil				address to wi	hich approved	copy of this f	orm is to be se	ns)	
EL PASO NATHERAL CAS COMPANY   Two   Res.   Twp.   Twp.   Res.   Twp.   Res.   Twp.	Name of Annie 17								<u> </u>	
Life type checked on links.   Unit   Sec.   Twp.   Rgs.   Is gas actually connected?   Writen 7   9-14-88	1									
Fire boardscan is commingled with that from any other lease or pool, give comminging or member:	If well produces oil or liquide		m					79978		
If this production is comminged with that from any other lease or pool, give comminging order number:    Def		1	jiwp. į Rge.		connected?	When		ΩΩ		
Designate Type of Completion - (X)  Designate Type of Completion - (X)  Date Spadded  Date Compl. Ready to Prod.  Date Spadded  Date Spadded  Date Compl. Ready to Prod.  Date Date Spadded  Date Compl. Ready to Prod.  Date Approved  AUG 3 0 1991  Date Compl. Ready to Prod.  Date Date Approved  Date Production Analyst  Title  Date Compl. Ready to Prod.  Date Production Analyst  Title  Date Completion Prod.  Date Production Analyst  Title  Date Completion Prod.  Date Production Analyst  Title  Date Completion Prod.  Date Production Analyst  Title  Date Production Analyst	If this production is commingled with that	from any other lease or:	pool, give comming			1			<del></del>	
Designate Type of Completion - (X)  Date Spisded  3-30-88  11-11-90-MORKOVER  13,879  13,650  Elevations (DF, RRB, RT, GR, etc.)  Name of Producing Formation  2933.4 G R  ATOKA & MORROW  12,394  TUBING, CASING AND CEMENTING RECORD  HOLE SIZE  CASING & TUBING SIZE  DEPTH SET  SACKS CEMENT  26"  20"  17 1/2"  13 3/8"  2875  2700  17 1/2"  13 3/8"  2875  2700  17 1/2"  13 3/8"  10,000  900  2 7/8"  10,000  900  V. TEST DATA AND REQUEST FOR ALLOWABLE  OIL WELL  (Test must be after recovery of total volume of food oil and must be equal to or exceed top allowable for this depth or be for full 24 hours;)  Date First New Oil Rus To Tank  Date of Test  Casing Pressure  Choke Size  Actual Prod. During Test  Oil - Bbis.  GAS WELL  Actual Prod. During Test  Oil - Bbis.  GAS WELL  Actual Prod. During Test  Oil - Bbis.  GAS WELL  Actual Prod. During Test  Oil - Bbis.  GAS WELL  Actual Prod. Feat - MCF/D  J 5 7  24 HRS.  Testing Method (phor, back pr.)  backpressure  U. 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  Kim Ligon  Production Analyst  Printed Name  Title  12/4/90  817-549-0780  Telephone No.	IV. COMPLETION DATA		poor, give extraining.	ing order number			$D\Pi \subseteq$		*	
Top Oil/Gas Pay   Tubing Pressure   Top Oil/Gas Pay   Tubing Depth Casing Shoe		- (X) Oil Well		1 1		Deepen	Plug Back	Same Res'v	Diff Res'v	
Elevations (DF, RRB, RT, GR, etc.)   Name of Producing Formation   2934.4 G R   ATOKA & MORROW   12,394   Tubing Depth   2372	Date Spudded	Date Compl. Ready to	Prod.	Total Depth			P.B.T.D.	·	ــــــــــــــــــــــــــــــــــــــ	
2934.4 G R  ATOKA & MORROW  12,394  Depth Casing Shoe  TUBING, CASING AND CEMENTING RECORD  HOLE SIZE  CASING & TUBING SIZE  DEPTH SET  SACKS CEMENT  26"  20"  637  1800  17,1/2"  13 3/8"  2875  2700  12 1/4"  9 5/8"  10,000  900  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 1½, etc.)  Leugth of Test  Oil - Bbls.  Water - Bbls.  Gas-MCF  GAS WELL  Actual Frod. Test - MCF/D  bac kpressure  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 able belief.  Signature  Kim Ligon Penduction Analyst  Frinted Name  Title  12/4/30  817-549-0780.  Telephone No.				1:	3,879			13,650		
Depth Casing Shoe	· · · · · · · · · · · · · · · · · · ·	, , , , , , , , , , , , , , , , , , , ,			] ·					
TUBING, CASING AND CEMENTING RECORD  HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT  26" 20" 637 1800  17 1/2" 13 3/8" 2875 2700  12 1/4" 9 5/8" 10,000 900  V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL Gress 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. Test MCFD  Actual Prod. Test MCFD  Setting Method (pinot, back pr.)  backpressure  VI. OPERATOR CERTIFICATE OF COMPLIANCE Intervel yearly that the rules and regulation 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.  Bignature  Vim Ligon Production Analyst  Printed Name  Title  12/4/90  BIT-549-0780  Title				12,394						
HOLE SIZE  CASING & TUBING SIZE  20"  637  1800  17 1/2"  13 3/8"  2875  2700  12 1/4"  9 5/8"  10,000  900  2 7/8"  12,372  NONE  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  Length of Test  Tubing Pressure  Casing Pressure  Casing Pressure  Casing Pressure  Choke Size  Actual Prod. During Test  Oil - Bbls.  Water - Bbls.  Gas-MCF  Gravity of Condensate  J 5 7  Testing Method (pivot, back pr.)  back pressure  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.  Date  Title  Signature  Kim Ligon  Production Analyst  Printed Name  Title  12/4/90  B17-549-0780  Title  Ti					Depth Casing Shoe					
26" 20" 637 1800 17. 1/2" 13. 3/8" 2875 2700 12. 1/4" 9. 5/8" 10,000 900 2. 7/8" 12.372 NONE  V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of toad 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 Tubing Pressure Casing Pressure Casing Pressure Casing Pressure Casing Pressure Casing Pressure Choke Size  Water - Bbls.  Gas- MCF  GAS WELL Actual Prod. Test - MCF/D 15 7  Length of Test 24 HRS.  Testing Method (piuor, back pr.) back pressure  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 Kim Ligon Production Analyst Printed Name  Kim Ligon Production Analyst Title  Date Title		•		CEMENTIN	G RECOR	D				
17 1/2" 13 3/8" 2875 2700 12 1/4" 9 5/8" 10,000 900 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  Length of Test  Casing Pressure  Casing Pressure  Casing Pressure  Casing Pressure  Casing Pressure  Casing Pressure  Casing Fressure  Choke Size  Water - Bbls.  Gas- MCF  Gravity of Condensate  First Sum Oil Run To Tank  Division have been compiled with and that the information given above is true and complete to the beat of my knowledge and belief.  Date  Title  12/4/90  B17-549-0780  Telephone No.  Title  T										
12 1/4" 9 5/8" 10,000 900 2 7/8" 12,372 NONE  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 Date of Test  Length of Test Tubing Pressure Casing Pressure Casing Pressure Choke Size  Date of Test  I Ubing Pressure (Shut-in) Date of Test  Casing Pressure (Shut-in)  Casing Pressure (Shut-in)  Casing Pressure (Shut-in)  Choke Size  OIL CONSERVATION DIVISION  Date Approved  AUG 3 0 1993  By  Title  Title  12/4/90  B17-549-0780  Telephone No.  Telephone No.				ł						
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 hows.)  Date First New Oil Run To Tank  Date of Test  Length of Test  Actual Prod. During Test  Oil - Bbls.  Water - Bbls.  Casing Pressure  Choke Size  Actual Prod. Test - MCF/D  Length of Test  Actual Prod. Test - MCF/D  Length of Test  Length of Test  Actual Prod. Test - MCF/D  Length of Test  24 HRS.  Length of Test - MCF/D  Bbls. Condensate/MMCF  Gravity of Condensate  Choke Size  Division have been compiled with and that the information given above is true and complete to the best of my knowledge and belief.  Signature  Kim Ligon Production Analyst  Printed Name  Title  12/4/90  B17-549-0780  Telephone No.										
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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 hows.)  Date First New Oil Run To Tank  Date of Test  Date of Test  Producing Method (Flow, pump, gas lift, etc.)  Length of Test  Actual Prod. During Test  Oil - Bbls.  Water - Bbls.  Gas- MCF  GAS WELL  Actual Prod. Test - MCF/D  JS 7  24 HRS.  Testing Method (piun, back pr.)  backpressure  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.  Printed Name  Kim Ligon Penduction Analyst  Printed Name  Title  12/4/90  B17-549-0780  Telephone No.	V. TEST DATA AND REQUES	T FOR ALLOWA	RLE.	129.	3/2		I N	UNE		
Date First New Oil Run To Tank  Date of Test  Producing Method (Flow, pump, gas lift, etc.)  Length of Test  Tubing Pressure  Casing Pressure  Casing Pressure  Choke Size  Water - Bbls.  Gas- MCF  GAS WELL  Actual Prod. Test - MCF/D  15 7  24 HRS.  Testing Method (pitor, back pr.) backpressure  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.  Printed Name  Title  12/4/90  Bate Approved  Ring Ligon  Production Analyst  Title  Ti				be equal to or e	rceed ton allo	wahle for this	denth or he f	or full 24 hours	• )	
Actual Prod. During Test  Oil - Bbls.  Water - Bbls.  Gas- MCF  GAS WELL  Actual Prod. Test - MCF/D  15 7  Esting Method (pitot, back pr.)  Dackpressure  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  Kim Ligon Production Analyst  Printed Name  12/4/90  Date  Title  12/4/90  Title  12/4/90  Title	Date First New Oil Run To Tank							or juli 27 now.	1.7	
Actual Prod. During Test  Oil - Bbls.  Water - Bbls.  Gas- MCF  GAS WELL  Actual Prod. Test - MCF/D  15 7  Esting Method (pitot, back pr.)  Dackpressure  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  Kim Ligon Production Analyst  Printed Name  12/4/90  Date  Title  12/4/90  Title  12/4/90  Title	Landbar Tar									
GAS WELL  Actual Prod. Test - MCF/D    5 7	Length of lest	Tubing Pressure		Casing Pressure			Choke Size			
Actual Prod. Test - MCF/D    15 7	Actual Prod. During Test	Oil - Bbls.		Water - Bbls.			Gas- MCF			
Actual Prod. Test - MCF/D    15 7							i			
Signature   Sign	GAS WELL						<u> </u>			
24 HRS.  Testing Method (pitot, back pr.)  Dackpressure  VI. OPERATOR CERTIFICATE OF COMPLIANCE I hereby certify that the rules and regulations of the Oil Conservation Division have been complete to the best of my knowledge and belief.  Signature  Kim Ligon Production Analyst Printed Name Title  12/4/90 Bate  Rephone No.  Casing Fressure (Shui-in)  Casing Fresure (Shui-in)  Casing Fressure (Shui-in)  Casing Fressure (Shui-	Actual Prod. Test - MCF/D	Length of Test		Bbls. Condensa	te/MMCF		Gravity of Co	ondensate		
Dackpressure  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  Kim Ligon Production Analyst  Printed Name  Title  12/4/90  B17-549-0780  Date  OIL CONSERVATION DIVISION  Date Approved  AUG 3 0 1991  By  ORIGINAL SIGNED BY  Title  Title  Title  Title  Title  Title		. 24	HRS.							
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  Kim Ligon Production Analyst  Printed Name  Title  12/4/90  By  ORIGINAL SIGNED BY  Title	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-i	n)	Casing Pressure	(Shui-in)		Choke Size			
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   Kim Ligon   Production Analyst	backpressure						" E			
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   Kim Ligon   Production Analyst	VI. OPERATOR CERTIFIC.	ATE OF COMPI	JANCE							
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.  Date Approved Au6 3 0 1991  By	I hereby certify that the rules and regula	OIL CONSERVATION DIVISION								
Signature Kim Ligon Production Analyst Printed Name Title 12/4/90 Bate Approved Aut 5 0 199%  By	Division have been complied with and t	that the information given	above	1						
Signature Kim Ligon Production Analyst Printed Name Title 12/4/90 817-549-0780 Date By CRIGINAL SIGNED BY Title Title SIGNED BY Title Title Title	is true and complete to the best of my k	nowledge and belief.		Date Approved AUG 3 0 1991						
Printed Name Title 12/4/90 Bate Telephone No.	Minn ) Oi	Date	.pp10460	,						
Printed Name Title 12/4/90 Bate Telephone No.	WIND THE	D.,			•					
Printed Name         Title         WINE WARD           12/4/90         817-549-0780         Title         SUPPLY OF A SUPPLY OF	Signature Kim Lidon P	lvst.	ORIGINAL SIGNED BY							
12/4/90 817-549-0780 IIIIe 317-549-0780 Telephone No.				- NOTEN NOTE (2013)						
Date Telephone No.				IMP SUPERIORA, DISTRICT I						
	Date		hone No.		<del>Spe</del> rmerson	Topic to protecting the control	on acques brogs cance	man is far agricult.		

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.