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

DISTRICT II P.O. Drawer DD, Antesia, NM \$8210

## OIL CONSERVATION DIVISION P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

Operator		TO TRA	<u> INSP</u>	ORT OIL	. AND NA	TURAL GA	AS					
	J PNPDCY I INITED								API No.			
Address	- minor, minitely					<del></del>	30-	039-2020	39-20202			
P. O. Box 2058, Farmi	ngton.	New Me	exico	87499-	-2058							
Reason(s) for Filing (Check proper box)						et (Please expl	-:-1	<del></del>				
New Well		Change in	Transp	orter of:		a () ieme expu	in)					
Recompletion	Oil Dry Gas Change in Operator Effective 11/1/91											
Change in Operator X	Casinghea	d Gas 🔲	Conde	neste 🗌		opolac	OL BILC	CCIVC 1.	1,1,71			
If change of operator give name and address of previous operator Apac	he Corp	oratio	on/AI	C Opera	ting Par	tnership	. I. P.	·		<del></del>		
1700	I incol	n Ctr	eet,	Suite 1	900, De	over, Col	lorado 8	0203-45	19	<del></del>		
II. DESCRIPTION OF WELL. Lease Name	AND LEA	72E										
Cinco Diablos		Well No. Pool Name, Including Ballard Pic				or ctured Cliffs State 7			Z II C	ease No.		
Location							red Cliffs Same Federal of Fax Jic.Cont. #47					
Unit Letter K	. 1850		E. at E	So	uth	and 1850			West			
<del></del>	- •		_ rea r	TOES INC	Lib	e and	Fe	et From The		Line		
Section 14 Townshi	p 23 N		Range	. 4 W	, N	мрм, Rio	Arriba			County		
									· · · · · · · · · · · · · · · · · · ·			
III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil	SPORTE	or Condex	IL AN	ND NATU	RAL GAS	<del></del>						
		or Conde			Address (Gin	e address 10 wi	hich approved	copy of this j	form is to be se	int)		
Name of Authorized Transporter of Casing	rhead Gas	Ÿ	or Dry	(Gat	Address (C)	a address :	List ·					
El Paso Natural Gas C	, <b></b>	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1492, El Paso, TX 79978										
If well produces oil or liquids,	Unit							o, 18 /99/6				
give location of tanks.	i i		i	i	Yes	,	1	•				
If this production is commingled with that	from any oth	er lease or	pool, g	ive comming	ing order num	ber:						
IV. COMPLETION DATA									·····			
Designate Type of Completion	- 00	Oil Well	1	Gas Well	New Well	Workover	Doepen	Plug Back	Same Res'v	Diff Res'v		
Date Spudded	Date Comp	A Ready to	o Prod		Total Depth	<u> </u>	<u>L</u>		<u> </u>			
	J	A. Russy u	o rioa.		.ca. Dept.			P.B.T.D.				
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay			Tubing Depth				
								· min rebit				
Perforations					<del></del>			Depth Casi	ng Shoe			
					CEMENTI	NG RECOR	מ					
HOLE SIZE	HOLE SIZE CASING & TUBING SIZE					DEPTH SET		SACKS CEMENT				
				·		<del> </del>		ļ <u></u>		<u> </u>		
	+				ļ							
								-				
V. TEST DATA AND REQUES	T FOR A	LLOW	ARI.F	?	<u> </u>	<del></del>		<u> </u>				
OIL WELL (Test must be after r					be equal to or	exceed top all	owable for thi	s depth or be	for full 24 hou	reds rem		
Date First New Oil Run To Tank	Date of Te					ethod (Flow, pr						
								ש א				
Length of Test	Tubing Pressure			Casing Pressure			Woke Size	ry 100	1			
	Oil - Bbls.				Water - Bbis.			NO	v 7199	1.		
Actual Prod. During Test								OIL CON. DIV				
	<u> </u>		<u> </u>		<u> </u>							
GAS WELL								VDIST. 3				
Actual Prod. Test - MCF/D	Length of Test				Bbls. Condensate/MMCF			Gravity of Condensate				
Total Additional Control	Tubio Paris											
esting Method (pitot, back pr.)  Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size					
YW 0757				<del></del>								
VL OPERATOR CERTIFIC							ICEDIA	ATION	D1/4016	<b>31</b> 1		
I hereby certify that the rules and regulations of the Oil Conservation					OIL CONSERVATION DIVISION							
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 NOV 0 7 1991							
i					Date	Approve	ed		7			
W. J. Holcanb (sa)					1	<	61	TO	1 /			
Signature					By Sranker Javes							
W. J. Holcomb, Agent	for M	W Ene	rgy,	Ltd.					0			
Printed Name			Title		Title	SUPF	avisor di	SENTE	<b>*</b> ``			
	( :	505)32							•			
		Tel	ephone	NO.	H							

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.