

OIL CONSERVATION DIVISION

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

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

Operator <u>Benson-Montin Greer Drilling Corp.</u>		Well API No. <u>30-039-23606</u>
Address <u>221 Petroleum Center Bldg., Farmington, New Mexico 87401</u>		
Reason(s) for Filing (Check proper box) New Well ☐ ☐ Other (Please explain) Recompletion ☐ Change in Transporter of: Change in Operator ☒ Oil ☐ Dry Gas ☐ Casinghead Gas ☒ Condensate ☐ <i>Oper. Change Only</i>		
If change of operator give name and address of previous operator <u>Oryx Energy Company, P.O. Box 26300, Oklahoma City, O.K. 73126-0300</u>		

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Twilight Zone</u>	Well No. <u>1</u>	Pool Name, including Formation <u>Undesignated Dakota</u>	Kind of Lease State, Federal or Fee	Lease No. <u>NMNM23034</u>
Location Unit Letter <u>J</u> : <u>1850</u> Feet From The <u>South</u> Line and <u>1850</u> Feet From The <u>East</u> Line Section <u>12</u> Township <u>24N</u> Range <u>2W</u> , <u>NMPM</u> , <u>Rio Arriba</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐ <u>Giant Refining Co.</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 9156, Phoenix, Arizona 85068</u>					
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐ <u>Benson-Montin-Greer Drilling Corp.</u>	Address (Give address to which approved copy of this form is to be sent) <u>221 Petroleum Ctr. Bldg., Farmington, NM 87401</u>					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rgn.	Is gas actually connected?	When?
					<u>no - well T.A.</u>	

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Performances					Depth Casing Shoe			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			

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 lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (prod. back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

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.

Albert R. Greer
Signature
Albert R. Greer President
12-19-91
Date
505/325-8874
Telephone No.

OIL CONSERVATION DIVISION

Date Approved DEC 20 1991
By Frank J. Dwyer
Title SUPERVISOR DISTRICT #3

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.