Submit 5 Cones
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

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

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

	T	<u>O TRA</u>	NSP	ORT OIL	AND NAT	URAL GA		E. E.				
Person Texas Petro	leum Coi	rnorat	ion				Well A	.Pi No.				
ddress	ouston,			7252-21	20				 			
eason(s) for Filing (Check proper box)	ouston,	Lexas	. , ,	232-21		t (Please expia	un)					
iew Well	(Change in	Тгалар	orter of:		•	,					
(ecompletion	Oil	উ	Dry G	as 🗆								
Change in Operator	Caninghead	Gas 🗔	Conde		•							
change of operator give name					• • • •							
nd address of previous operator			- 1	2								
I. DESCRIPTION OF WELL	AND LEA	SE Vall No		3ASIN	ng Formation		i Kind o	Lease	1	eses No		
Lesse Name Federal "/	4 "	#2E		akota	A LOUISION			Federal or Fe	• SF07	8213		
Location	<u> </u>											
Unit Letter 6			Feet F	rom The	Line	and	Fe	et From The		Line		
Om Deter				4	,							
Section 25 Townsh	<u>, 30</u>	<u>N_</u>	Range	13	<u>M.</u>	1PM, \geq	LNK	JUAN		County		
	.cnonter	OFO	TT 4 %	III NIA TITI	DAT CAS							
II. DESIGNATION OF TRANSPORTER OF AUTHORIZED Transporter of Oil		or Conde		TO NATE	Address (Giv	eddress to wi	uch approved	copy of this f	orm is to be s	ent)		
Meridian Oil Inc	· 🖾 ,					ox 4289,						
Name of Authorized Transporter of Casis	ghead Gas		or Dry	Gas 🔽	1	e address to wi						
Sunterra Gas Gath	nering Co	٥.				ox 26400			NM 871	<u> 25</u>		
If well produces ou or liquids, tive location of tanks.	Unit	Sec.	Twp.	Rge.	is gas actuality	connected?	When	?				
this production is commingled with that		- lesse es			line order sum							
this production is comminged with this V. COMPLETION DATA	LOSE MY OUR	T PRESENT OF	poor, gr	IVE COURTERING	and other series							
V. COM EDITOR DATA		Oil Well		Gas Well	New Well	Workover	Doepea	Plug Back	Same Res'v	Diff Res'v		
Designate Type of Completion	- (X)	<u> </u>	L.		<u> </u>	İ	<u> </u>	<u> </u>	1	_1		
Date Spudded	Date Compl	Date Compt. Ready to Prod.				Total Depth			P.B.T.D.			
	11 - 15					Top Oil/Gas Pay			Tuking Doorh			
levations (DF, RKB, RT, GR, etc.) Name of Producing Formation					10,020011,			Tubing Depth				
Perforations					<u>!</u>			Depth Casi	ng Shoe			
TUBING, CASING AND												
HOLE SIZE	HOLE SIZE CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT				
					1			!	<u></u>			
					· •	 						
	<u> </u>				·							
V. TEST DATA AND REQUE	ST FOR A	LLOW	ABLE	Ē								
OIL WELL Ten mun be after	recovery of lot	ial volume	of load	l oil and mus					for full 24 hos	ers.)		
Date First New Oil Run To Tank	Date of Tes	1			Producing M	ethod (Flow, p	ump, gas lift,	etc.)				
	<u> </u>				 Cosing Proc			Choke Size	,			
Length of Test	Tubing Pres	Mile			Casing Press	ure .		i	•			
Actual Prod. During Test	Oil - Bbis.				Water - Bbis			Gas- MCF				
Actual Fron. During Test	Ou - Dois.							•				
CAC WITH I												
GAS WELL Actual Prod. Test - MCF/D	Length of	est			Bbls. Conde	amin/MMCF		Gravity of	Condensate			
Controlled & Street & Street Co.								:				
Tesung Method (puot, back pr.)	Tubing Pressure (Shut-in)				Casing Press	ure (Shut-in)		Choke Size	2			
								·				
VI. OPERATOR CERTIFIC	CATE OF	COM	PLIA	NCE		OIL COI	NCEDV	ATION	DIVISIO	ΩNI		
I hereby certify that the rules and reg	ulations of the	Oil Coase	ervation		1		NOENV					
Division have been complied with an is true and complete to the best of m	a that the infor knowledge =	mation gi ad belief.	ves abo	146				AUG	2 8 1989	j		
	11:				Date	Approve		ر بات	1	7		
June to C	Birk				_				•			
Signature	- Million	7,			By_		SUF	HERVISION IN THE PROPERTY OF T	ON DISTR	ICT#5		
Annette C. Bisby	Env.	& Re		ecrtry								
Printed Name 8-7-89	}	(713)	Title 968-		Title)		<u> </u>	<u></u> -			
Date		<u> </u>	elephon									
					11							

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, Takaporter, or other such changes.

Sensente Form () is must be filed for each pool in multiply completed wells