Revised 1-1-49
See Instructions
at Bottom of Page

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

I.

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Pentor Vantago Point One		0					Well 7	3004	45 1019	18	
Vantage Point Ope	racing	compa	ny			<u> </u>				-	
5801 E. 41st, sui	te 100	l, Tul:	sa, C	klahoma	74135						
son(s) for Filing (Check proper box)					Oth	er (Please explo					
w Well	0.1	Change i	• •		٨١.	Par	1	0:1	We 11		
completion	Oil Caringhe	Change in Transporter of: Oil Dry Gas D Casinghead Gas Condensate)	,		
							1 J T	707/	32		
address of previous operator ARCO				e Richf			land, I	exas 7970	12		
DESCRIPTION OF WELL	AND LE	ASE									
ase Name		Well No. Pool Name, Includ			04			d of Lease Lease No. 2, Federal or Fee 14-20-603-7:			
orseshoe Gallup Unit	eshoe Gallup Unit 58 Horsesho				Gallup			11 20 805 73			
cation Unit Letter	19	80	F I	 N	noth 1:-	198	?() E	set From The	Egst	Line	
Section 31 Townshi	ip 31- i	N	Range	: 16 - V	<i>∨</i> , νι	мрм,	San Jua	n		County	
		DD OF 6									
. DESIGNATION OF TRAN	SPORTI			ND NATU	Address (Giv	e address to w	tich approved	copy of this for	m is to be se	nt)	
lame of Authorized Transporter of Oil or Condensate Address											
me of Authorized Transporter of Casin	ghead Gas		or Dr	y Gas 🗀	Address (Gir	e address to w	tich approved	copy of this for	m is to be se	nt)	
	11111		D		Is an ampelly connected?		l Whee	Whea 7			
well produces oil or liquids, e location of tanks.	Unit	Sec.]Twp	l KBe	Is gas actually connected?		i when	I wrong i			
his production is commingled with that	from any o	ther lease o	r pool, g	ive commingl	ing order num	ber:					
. COMPLETION DATA								·			
n 1 - m - 60 - 1-1		Oil We	ıı	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion		l Bada			Total Depth	l	<u> </u>	P.B.T.D.		-L	
te Spudded	Date Con	npl. Ready	m Hor		المركز المارا			F.B. 1.D.			
vations (DF, RKB, RT, GR, etc.)	(c.) Name of Producing Formation				Top Oil/Cas Pay			Tubing Depth			
								Depth Casing Shoe			
riorations								Depth Casing	2pos		
		TURING	CAS	ING AND	CEMENTI	NG RECOR	D.	<u> </u>			
HOLE SIZE	TUBING, CASING AND CASING & TUBING SIZE					DEPTH SET		S	SACKS CEMENT		
TIOLE GIZE	—										
								ļ			
								 			
TEST DATA AND REQUE	ST FOR	ALLOV	VARL	F.	<u> </u>			<u> </u>			
LWELL (Test must be after	recovery of	total volum	u of load	d oil and must	be equal to o	r exceed top all	owable for th	is depth or be fo	r full 24 hou	rs.)	
te First New Oil Run To Tank	Date of 7				Producing M	lethod (Flow, p	ump, gas lift,	eic.)			
							,		-		
agth of Test	Tubing P	Tubing Pressure			Casing Pressure			MEREIAE			
ctual Prod. During Test	Oil - Bbls.				Water - Bbis.			MCF			
The builty is								MAR	04199	1	
AS WELL									ON	NIV	
ctual Prod. Test - MCF/D	Length o	Length of Test				Bbls. Condensate/MMCF			CHINIPOLEOMETERS		
									Choke Size		
sting Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			CHOOL DEAD			
A OBER AROB CERTIFICA		E COL	(DT T A	NCE	┧┌──						
I. OPERATOR CERTIFIC					H	OIL COI	NSERV	'ATION [DIVISIO	ON	
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above					FEB 2 7 1001						
is true and complete to the best of my	knowledge	and belief.	•		Dat	e Approve	∍d				
Malonal of A.	04.	1_						~	1 /	•	
Deborah L. Greenich Production Asst.					By Bint Share						
					SUPERVISOR DISTRICT #8						
Printed Name /-/9-9/		918	Title 2010-	1-2100	Title						
Date			elephone		1						
		_	•		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, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.

MARCH SING.