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

OIL CONSERVATION DIVISION P.O. Box 2088

Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION

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

I.		TO TRA	ANSP(ORT OIL	L AND NA	TURAL G					
Operator Vantage Point O	tage Point Operating Company						Well	3004510225			
Address							 			····	
5801 E. 41st, s Reason(s) for Filing (Check proper box	ulle 1001	, Tuls	sa, Ol	Clahoma	3 74135 0	her (Please expl	ain)			·····	
New Well	7	Change in	Transpo	rter of:	~	•	_				
Recompletion									:1 W/	e 11	
Change in Operator	Casinghead	_	Conden			1001	IKOUM	TNG U	, , ,	C 1 1	
Mahanan of anomics since some											
and address of previous operator AR	CO Oil an	d Gas	Compa	iny, P	O. Box	1610, Mic	lland, T	<u>'exas 797</u>	02		
IL DESCRIPTION OF WEL	Division (of Atl ASE	antic	Richf	ield Co	mpany					
Lease Name Well No. Pool Name, Include						ing Formation Ki			of Lease No.		
Horseshoe Gallup Uni	i +	59 Horseshoe						Federal or Fee 14-20-603			
Location		\sim 1	1 1101	3631106	Garrup				11-7-20	2 603-13	
Unit Letter	_:_6	60	Feet Fro	om The $oldsymbol{\Lambda}$	lorth Li	ne and 198	80 r	et From The	Nest	Line	
Section 3 Town	uship 31—	Ν	Range	16-	W ,1	ІМРМ,	San Jua	n		County	
TT DESCRIPTION OF THE											
III. DESIGNATION OF TRA				D NATU							
Name of Authorized Transporter of Oil or Condensate						Address (Give address to which approved copy of this form is to be sent)					
Name of Authorized Transporter of Casinghead Gas or Dry Gas					Address (Give address to which approved copy of this form is to be sent)						
If well produces oil or liquids, give location of tanks.	Unit	Unit Sec.		Rge.	ls gas actua	ly connected?	When	When ?			
If this production is commingled with the	ast from any oth	er lease or	pool. Riv	e comming	ling order num	nber:					
IV. COMPLETION DATA		Oil Well		as Well	New Well		Deepen	Plug Back S	ame Bee'v	Diff Res'v	
Designate Type of Completion	on - (X)	I on wen	1	MS WELL	I HEW WELL	Waterer	l Darpar	i ing baca j.	MILIC NES Y	LAII KESV	
Date Spudded		Date Compt. Ready to Prod.				Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Pr	Name of Producing Formation			Top Oil/Gas	Pay		Tubing Depth			
Perforations					Depth Casing Shoe						
								<u> </u>	.		
TUBING, CASING AN				IG AND	CEMENT	NG RECOR	D				
HOLE SIZE	CAS	CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT		
								<u> </u>			
V. TEST DATA AND REQU	EST FOR A	LLOW	ABLE								
OIL WELL (Test must be after	er recovery of tol	tal volume	of load o	il and must	be equal to o	exceed top allo	wable for thi	s depth or be fo	full 24 hour	s.)	
Date First New Oil Run To Tank	Date of Tes	4			Producing Method (Flow, pump, gas lift, etc.)						
	- 1										
Length of Test	Tubing Pres	Tubing Pressure			Casing Pressure			DECENTER !			
Actual Prod. During Test	Oil - Bbls.				Water - Bbls	Water - Bbis.				 ; -	
							ы	MADA	4 1004		
CACTICLE					1			· · · · · · · · · · · · · · · · · · · 	7 221		
GAS WELL	11				Ibilio Condo	asie/MMCF		au.c c	delaret		
Actual Prod. Test - MCF/D Length of Test					Bolk Conce	BRIDNINCE	,				
Festing Method (pitot, back pr.) Tubing Pressure (Shut-in)					Carina Dane	ure (Shut-in)		Day	7.2		
secong Method (puot, back pr.)	a soring a resemble (union-MI)				Casing 11cs	ore (Sice in)		Cion bizz			
					l			1			
VL OPERATOR CERTIF				CE]] ,	OIL CON	ISERV	ATION F	NISIO	ıK1	
I hereby certify that the rules and re-					11	OIL OOI	·OL: \V	ATTOM E	141010	14	
Division have been complied with a is true and complete to the best of n			SACOR ES				. Ér	TD 0 5 10	1 4		
	iy allowadge all	oun.			Date	Approve	d <u> </u>	EB 27 10	<u> </u>		
Walmach I A.	101.1.2.1	/_			11	•		A			
Muran & Selence					By 3.1) d						
Deborah L. Greenich Production Asst.											
Printed Name Title					SUPERVISOR DISTRICT #3						
1-19-91	9	18-6	64-	7100	Title						
Date	-		phone No).							

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.