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

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

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

Energy, Minerals and Natural Resources Department OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

Revised 1-1-89 See Instructions at Bottom of Page

I.	nea					HURIURA R IARITA		. · · · · · · · · · · · · · · · · · · ·			
Operator W								/ell API No.			
Vantage Point Operating Company								30045 10461			
5801 E. 41st. su	te 100	1 71		0.1.	7/1						
5801 E. 41st, su Reason(s) for Filing (Check proper box)	100	1, 1U1	sa, u	UKlahon	1a /4135 Ou	het (Please expl	lain)				
New Well		Change i	in Trans	porter of:		_		_			
Recompletion Change in Operator	Oil		Dry (		1	Non-Pr	roduc	ing Oil	We I	)	
If change of country sine same	Casinghe			comte 📗						-	
and address of previous operator ARUC	Oil a	nd Gas	Comp	pany, P	.O. Box	1610, Mic	lland,	Texas 797	02		
IL DESCRIPTION OF WELL	vision	OI AL	lanti	ic Rich	field Co	mpany					
Lease Name	The state of the s								and of Lease Leas		
Horseshoe Gallup Unit	:	1117	Нс	rsesho	e Gallup		Sta	te, Federal or Fee	14-20	-603-203	
Location Unit Letter	<u> 3</u>	30_	_ Fea I	From The 👃	Joeth Lin	e and <u>23</u>	10	Feet From The _	West	Line	
Section 25 Townsh	ip 31-1			: 17-1		мрм,	San Ju			County	
III. DESIGNATION OF TRAN	JCPODTE	FP ()F ()	TI AR	UD NATT	IDAL CAS						
Name of Authorized Transporter of Oil		or Conde		TO NATE		ne address to wi	hich approv	red copy of this for	m is to be se	uni)	
Name of Authorized Transporter of Casim	ghead Gas		or Dry	y Cas	Address (Giv	ve address to wi	hich approv	red copy of this for	m is to be se	int)	
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp	i	ls gas actuall		Wb	ca 7			
If this production is commingled with that  IV. COMPLETION DATA	from any oth	her lease or	pool, gi	ive comming	ling order num	ber:					
Designate Type of Completion	- 00	Oil Well		Gas Well	New Well	Workover	Doepen	Plug Back S	ame Res'v	Diff Res'v	
Date Spudded		pl. Ready to	o Prod.		Total Depth	<u> </u>	1	P.B.T.D.			
•	1				'			1.5.1.5.			
Elevations (DF, RKB, RT, GR, etc.)	Name of P	lame of Producing Formation				Top Oil/Gas Pay			Tubing Depth		
Perforations	<del></del>								Depth Casing Shoe		
	7	TUBING,	CASI	NG AND	CEMENTI	NG RECOR	D	<del> </del>			
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET			SA	SACKS CEMENT		
					<del> </del>						
					<u> </u>			<del> </del>			
V. TEST DATA AND REQUES OIL WELL (Test must be after to											
OIL WELL (Test must be after r. Date First New Oil Run To Tank	Date of Te		of load	ou and musi		exceed top also thou (Flow, put			full 24 hour	s.)	
	0	-									
Length of Test	Tubing Pressure				Casing Pressure			PE	PECELALL		
Actual Prod. During Test	Oil - Bbls.				Water - Bbla.			MAR () 4 1931			
GAS WELL									(C) & (	C. II.	
Actual Prod. Test - MCF/D	Length of Test				Bbls. Condensate/MMCF			Grivin or Co	Cavify Caractal VIV.		
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size	Choke Size		
VL OPERATOR CERTIFIC	ATE OF	COMP	LIAN	ICE	<u> </u>						
I hereby certify that the rules and result	tions of the	المعمس) إذن	ration		ii C	OIL CON	SERV	'ATION D	IVISIO	N	
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.					Date ApproveEB 2 7 1991						
	. /				Date	Approved	1041	1551		<del></del>	
Wellough J. Therich											
Sprature / Copini	4 Per	durti	On A	lest	By	<u> </u>	<u> </u>	hear	·	<del></del>	
Printed Name	110	<u></u>	Title	<u>، الهرا</u>	Title_	SUPERV	ISOR D	ISTRICT #	3		
1-19-91 Data	918	-664-	2/0	90	''				<u></u>		

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.