

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

**OIL CONSERVATION DIVISION**

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**

**I. Operator**  
 AVRA OIL COMPANY  
 Well API No. 30-025-07329

**Address**  
 P.O. BOX 3193, midland, texas 79702

**Reason(s) for Filing (Check proper box)**

New Well       Change in Transporter of:  Other (Please explain)

Recompletion       Oil  Dry Gas

Change in Operator       Casinghead Gas  Condensate

If change of operator give name and address of previous operator: ROYAL OIL LTD. CO P.O. BOX 1100, HOBBS, NEW MEXICO 88240

**II. DESCRIPTION OF WELL AND LEASE**

Lease Name CHARLCIA A. TAYLOR	Well No. 1	Pool Name, Including Formation BISHOP CANYON QUEEN	Kind of Lease <del>SEMI-DEFERRED</del> Fee	Lease No.
Location Unit Letter <u>I</u> : <u>660</u> Feet From The <u>EAST</u> Line and <u>1980</u> Feet From The <u>SOUTH</u> Line Section <u>11</u> Township <u>18S</u> Range <u>38E</u> , NMPM, LEA County				

**III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS**

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> SCURLOCK PERMAIN	Address (Give address to which approved copy of this form is to be sent) P.O. BOX 838, HOBBS, NEW MEXICO **(@\$)
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	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   Sec.   Twp.   Rge.   Is gas actually connected?   When ? 1   11   18S   38E   NO

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			
Perforations				Depth Casing Shoe				
<b>TUBING, CASING AND CEMENTING RECORD</b>								
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 (pilot, 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.

ROYAL OIL LTD. CO

  
 Signature  
 W. R. ERICKSEN AGENT  
 Printed Name Title  
 W. R. ERICKSEN (505) 393-6141  
 Date Telephone No.

**OIL CONSERVATION DIVISION**

**APR 13 1994**

Date Approved \_\_\_\_\_

By \_\_\_\_\_  
 Title \_\_\_\_\_

Orig. Signed by  
 Paul Kautz  
 Geologist

**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.