

STATE OF NEW MEXICO  
ENERGY, MINERALS AND NATURAL RESOURCES DEPARTMENT  
OIL CONSERVATION DIVISION

GARREY CARRUTHERS  
GOVERNOR

September 26, 1988

POST OFFICE BOX 2088  
STATE LAND OFFICE BUILDING  
SANTA FE, NEW MEXICO 87504  
(505) 827-5800

*Case 9509*

The Oil Conservation Division has called a hearing upon its own motion to consider rule changes and form revisions as shown on the attachments.

The hearing will be held on October 20, 1988, at 9 o'clock a.m. in Morgan Hall, State Land Office Building, Santa Fe, New Mexico.

*Florene Davidson*

Florene Davidson  
OC Staff Specialist

Submit to Appropriate  
District Office  
State Lease -- 6 copies  
Fee Lease -- 5 copies

State of New Mexico  
Energy, Minerals and Natural Resources Department

Form C-101  
Revised 1-1-89

**OIL CONSERVATION DIVISION**  
310 Old Santa Fe Trail, Room 206  
Santa Fe, New Mexico 87503

**DISTRICT I**  
P.O. Box 1980, Hobbs, NM 88240

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

**DISTRICT III**  
1000 Rio Brazos Rd., Aztec, NM 87410

API NO. ( assigned by OCD on New Wells)	
5. Indicate Type of Lease	STATE <input type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.	

<b>APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK</b>			
1a. Type of Work: DRILL <input type="checkbox"/> RE-ENTER <input type="checkbox"/> DEEPEN <input type="checkbox"/> PLUG BACK <input type="checkbox"/>		7. Lease Name or Unit Agreement Name	
b. Type of Well: OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/> SINGLE ZONE <input type="checkbox"/> MULTIPLE ZONE <input type="checkbox"/>			
2. Name of Operator		8. Well No.	
3. Address of Operator		9. Pool name or Wildcat	
4. Well Location Unit Letter _____ : _____ Feet From The _____ Line and _____ Feet From The _____ Line Section _____ Township _____ Range _____ NMPM _____ County _____			
		10. Proposed Depth	11. Formation
		12. Rotary or C.T.	
13. Elevations (Show whether DF, RT, GR, etc.)	14. Kind & Status Plug. Bond	15. Drilling Contractor	16. Approx. Date Work will start
17. <b>PROPOSED CASING AND CEMENT PROGRAM</b>			
SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH
			SACKS OF CEMENT
			EST. TOP

IN ABOVE SPACE DESCRIBE PROPOSED PROGRAM: IF PROPOSAL IS TO DEEPEN OR PLUG BACK, GIVE DATA ON PRESENT PRODUCTIVE ZONE AND PROPOSED NEW PRODUCTIVE ZONE. GIVE BLOWOUT PREVENTER PROGRAM, IF ANY.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

TYPE OR PRINT NAME \_\_\_\_\_ TELEPHONE NO. \_\_\_\_\_

(This space for State Use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY:

Submit to Appropriate  
District Office  
State Lease - 4 copies  
Fee Lease - 3 copies

State of New Mexico  
Energy, Minerals and Natural Resources Department

Form C-102  
Revised 1-1-89

**OIL CONSERVATION DIVISION**  
310 Old Santa Fe Trail, Room 206  
Santa Fe, New Mexico 87503

**DISTRICT I**  
P.O. Box 1980, Hobbs, NM 88240

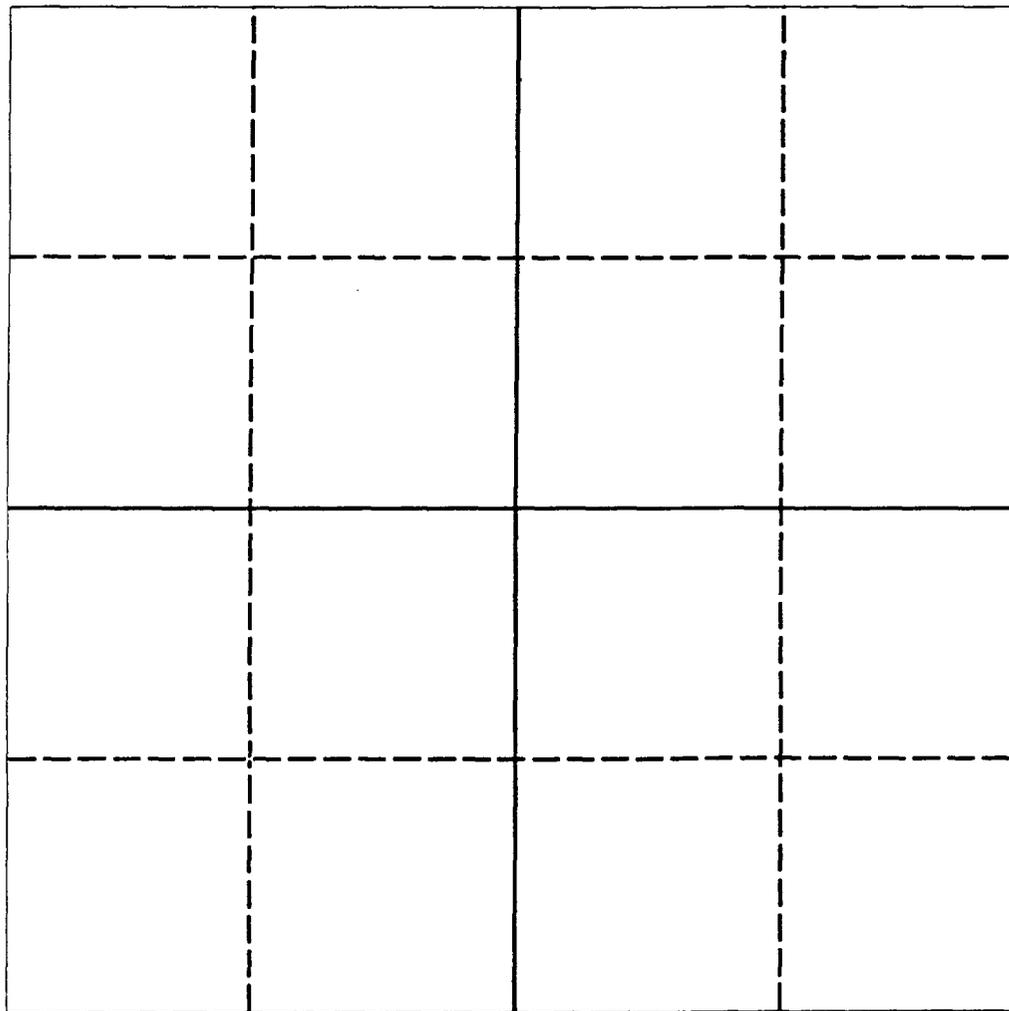
**DISTRICT II**  
P.O. Drawer DD, Artesia, NM 88210

**DISTRICT III**  
1000 Rio Brazos Rd., Aztec, NM 87410

**WELL LOCATION AND ACREAGE DEDICATION PLAT**  
All Distances must be from the outer boundaries of the section

Operator			Lease		Well No.
Unit Letter	Section	Township	Range	County	
NMPM					
Actual Footage Location of Well:					
feet from the		line and		feet from the	
Ground level Elev.	Producing Formation		Pool	Dedicated Acreage:	
Acres					

- Outline the acreage dedicated to the subject well by colored pencil or hachure marks on the plat below.
- If more than one lease is dedicated to the well, outline each and identify the ownership thereof (both as to working interest and royalty).
- If more than one lease of different ownership is dedicated to the well, have the interest of all owners been consolidated by communitization, unitization, force-pooling, etc.?  
 Yes     No    If answer is "yes" type of consolidation \_\_\_\_\_  
 If answer is "no" list the owners and tract descriptions which have actually been consolidated. (Use reverse side of this form if necessary. \_\_\_\_\_  
 No allowable will be assigned to the well until all interests have been consolidated (by communitization, unitization, forced-pooling, or otherwise) or until a non-standard unit, eliminating such interest, has been approved by the Division.



**OPERATOR CERTIFICATION**

*I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief.*

Signature

Printed Name

Position

Company

Date

**SURVEYOR CERTIFICATION**

*I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my knowledge and belief.*

Date Surveyed

Signature & Seal of Professional Surveyor

Certificate No.



Submit 3 Copies  
to Appropriate  
District Office

State of New Mexico  
Energy, Minerals and Natural Resources Department

Form C-103  
Revised 1-1-89

**DISTRICT I**  
P.O. Box 1980, Hobbs, NM 88240

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

**DISTRICT III**  
1000 Rio Brazos Rd., Aztec, NM 87410

**OIL CONSERVATION DIVISION**  
310 Old Santa Fe Trail, Room 206  
Santa Fe, New Mexico 87503

WELL API NO. \_\_\_\_\_

5. Indicate Type of Lease  
STATE  FEE

6. State Oil & Gas Lease No. \_\_\_\_\_

7. Lease Name or Unit Agreement Name \_\_\_\_\_

8. Well No. \_\_\_\_\_

9. Pool name or Wildcat \_\_\_\_\_

**SUNDRY NOTICES AND REPORTS ON WELLS**  
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A  
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT"  
(FORM C-101) FOR SUCH PROPOSALS.)

1. Type of Well:  
OIL WELL  GAS WELL  OTHER \_\_\_\_\_

2. Name of Operator \_\_\_\_\_

3. Address of Operator \_\_\_\_\_

4. Well Location  
Unit Letter \_\_\_\_\_ : \_\_\_\_\_ Feet From The \_\_\_\_\_ Line and \_\_\_\_\_ Feet From The \_\_\_\_\_ Line  
Section \_\_\_\_\_ Township \_\_\_\_\_ Range \_\_\_\_\_ NMPM \_\_\_\_\_ County \_\_\_\_\_

10. Elevation (Show whether DF, RKB, RT, GR, etc.) \_\_\_\_\_

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>		CASING TEST AND CEMENT JOB <input type="checkbox"/>	
OTHER: _____ <input type="checkbox"/>		OTHER: _____ <input type="checkbox"/>	

12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

TYPE OR PRINT NAME \_\_\_\_\_ TELEPHONE NO. \_\_\_\_\_

(This space for State Use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY:

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

**OIL CONSERVATION DIVISION**  
 310 Old Santa Fe Trail, Room 206  
 Santa Fe, New Mexico 87503

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

**REQUEST FOR ALLOWABLE AND AUTHORIZATION  
 TO TRANSPORT OIL AND NATURAL GAS**

**I.**

Operator _____	Well API No. _____
Address _____	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain) _____	
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of operator give name and address of previous operator \_\_\_\_\_

**II. DESCRIPTION OF WELL AND LEASE**

Lease Name _____	Well No. _____	Pool Name, Including Formation _____	Kind of Lease State, Federal or Fee _____	Lease No. _____
Location				
Unit Letter _____	Feet From The _____	Line and _____	Feet From The _____	Line _____
Section _____	Township _____	Range _____	NMPM, _____	County _____

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

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) _____
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 ?

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.

Signature \_\_\_\_\_  
 Printed Name \_\_\_\_\_ Title \_\_\_\_\_  
 Date \_\_\_\_\_ Telephone No. \_\_\_\_\_

**OIL CONSERVATION DIVISION**

Date Approved \_\_\_\_\_  
 By \_\_\_\_\_  
 Title \_\_\_\_\_

**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.

Submit to Appropriate District Office  
 State Lease - 6 copies  
 Fee Lease - 5 copies  
**DISTRICT I**  
 P.O. Box 1980, Hobbs, NM 88240

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

**DISTRICT III**  
 1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico  
 Energy, Minerals and Natural Resources Department

Form C-105  
 Revised 1-1-89

**OIL CONSERVATION DIVISION**  
 310 Old Santa Fe Trail, Room 206  
 Santa Fe, New Mexico 87503

WELL API NO. \_\_\_\_\_

5. Indicate Type of Lease  
 STATE  FEE

6. State Oil & Gas Lease No. \_\_\_\_\_

**WELL COMPLETION OR RECOMPLETION REPORT AND LOG**

1a. Type of Well:  
 OIL WELL  GAS WELL  DRY  OTHER \_\_\_\_\_

b. Type of Completion:  
 NEW WELL  WORK OVER  DEEPEN  PLUG BACK  DIFF RESVR  OTHER \_\_\_\_\_

2. Name of Operator \_\_\_\_\_

3. Address of Operator \_\_\_\_\_

7. Lease Name or Unit Agreement Name \_\_\_\_\_

8. Well No. \_\_\_\_\_

9. Pool name or Wildcat \_\_\_\_\_

4. Well Location  
 Unit Letter \_\_\_\_\_ : \_\_\_\_\_ Feet From The \_\_\_\_\_ Line and \_\_\_\_\_ Feet From The \_\_\_\_\_ Line

Section \_\_\_\_\_ Township \_\_\_\_\_ Range \_\_\_\_\_ NMPM \_\_\_\_\_ County \_\_\_\_\_

10. Date Spudded \_\_\_\_\_ 11. Date T.D. Reached \_\_\_\_\_ 12. Date Compl. (Ready to Prod.) \_\_\_\_\_

13. Elevations (DF& RKB, RT, GR, etc.) \_\_\_\_\_ 14. Elev. Casinghead \_\_\_\_\_

15. Total Depth \_\_\_\_\_ 16. Plug Back T.D. \_\_\_\_\_ 17. If Multiple Compl. How Many Zones? \_\_\_\_\_

18. Intervals Drilled By \_\_\_\_\_ Rotary Tools \_\_\_\_\_ Cable Tools \_\_\_\_\_

19. Producing Interval(s), of this completion - Top, Bottom, Name \_\_\_\_\_

20. Was Directional Survey Made \_\_\_\_\_

21. Type Electric and Other Logs Run \_\_\_\_\_

22. Was Well Cored \_\_\_\_\_

**23. CASING RECORD (Report all strings set in well)**

CASING SIZE	WEIGHT LB/FT.	DEPTH SET	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED

24. LINER RECORD				25. TUBING RECORD			
SIZE	TOP	BOTTOM	SACKS CEMENT	SCREEN	SIZE	DEPTH SET	PACKER SET

26. Perforation record (interval, size, and number) \_\_\_\_\_

27. ACID, SHOT, FRACTURE, CEMENT, SQUEEZE, ETC.  
 DEPTH INTERVAL \_\_\_\_\_ AMOUNT AND KIND MATERIAL USED \_\_\_\_\_

**28. PRODUCTION**

Date First Production \_\_\_\_\_ Production Method (Flowing, gas lift, pumping - Size and type pump) \_\_\_\_\_ Well Status (Prod. or Shu-in) \_\_\_\_\_

Date of Test \_\_\_\_\_ Hours Tested \_\_\_\_\_ Choke Size \_\_\_\_\_ Prod'n For Test Period \_\_\_\_\_ Oil - Bbl. \_\_\_\_\_ Gas - MCF \_\_\_\_\_ Water - Bbl. \_\_\_\_\_ Gas - Oil Ratio \_\_\_\_\_

Flow Tubing Press. \_\_\_\_\_ Casing Pressure \_\_\_\_\_ Calculated 24-Hour Rate \_\_\_\_\_ Oil - Bbl. \_\_\_\_\_ Gas - MCF \_\_\_\_\_ Water - Bbl. \_\_\_\_\_ Oil Gravity - API - (Corr.) \_\_\_\_\_

29. Disposition of Gas (Sold, used for fuel, vented, etc.) \_\_\_\_\_ Test Witnessed By \_\_\_\_\_

30. List Attachments \_\_\_\_\_

31. I hereby certify that the information shown on both sides of this form is true and complete to the best of my knowledge and belief

Signature \_\_\_\_\_ Printed Name \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

DISTRICT I  
 P.O. Box 1980, Hobbs, NM 88240  
 DISTRICT II  
 P.O. Drawer DD, Artesia, NM 88210  
 DISTRICT III  
 1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico  
 Energy, Minerals and Natural Resources Department  
**OIL CONSERVATION DIVISION**  
 310 Old Santa Fe Trail, Room 206  
 Santa Fe, New Mexico 87503

OPERATOR'S MONTHLY REPORT  
 Form C-115 - Revised 1/1/89  
 See Distribution and Code  
 Information Bottom of Page

Company or Operator \_\_\_\_\_ Address \_\_\_\_\_ Zip \_\_\_\_\_ Page \_\_\_\_\_ of \_\_\_\_\_  
 For Month, Year \_\_\_\_\_

POOL NAME (Underline) *Lease Name	WELL NO.	UNIT	SEC.	TWP	RNG	INJECTION		PRODUCTION			DISPOSITION OF GAS			DISPOSITION OF OIL						
						VOLUME	PRESS.	BARRELS OIL/COND. PRODUCED	BARRELS OF WATER PRODUCED	GAS PRODUCED (MCF)	DAYS PROD.	SOLD	TRANS-FOR-TER	OTHER	C O D E	OIL ON HAND AT BEG. OF MONTH	BARRELS TO TRANS-FORTER	TRANS-FOR-TER	OTHER	C O D E
*LEASE NAME - include State Land Lease Number or Federal Lease Number																				

**DISTRIBUTION**  
 Original OCD Santa Fe  
 One Copy OCD Dist. Office  
 in which lease is located  
 One Copy to Transporter (s)  
**DATE DUE**  
 To be postmarked by 24th day of next succeeding month.

**STATUS CODE**  
 F..... FLOWING  
 P..... PUMPING  
 G..... GAS LIFT  
 S..... SHUT IN  
 T..... TEMP ABANDONED  
 I..... INJECTION  
 D..... DISCONTINUED

**OTHER GAS DISPOSITION CODE**  
 X..... USED OFF LEASE } DETAIL ON FORM C-111  
 D..... USED FOR DRILLING }  
 G..... GAS LIFT  
 L..... LOST (MCF ESTIMATED)  
 E..... EXPLANATION ATTACHED  
 R..... REPRESSURING OR PRESSURE MAINTENANCE  
 V..... VENTED  
 U..... USED ON LEASE

**OTHER OIL DISPOSITION CODE**  
 C..... CIRCULATING OIL  
 L..... LOST  
 S..... SEDIMENTATION (B S & W)  
 E..... EXPLANATION ATTACHED  
 T..... THEFT

I HEREBY CERTIFY THAT THE INFORMATION GIVEN IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE

TYPED NAME \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_  
 POSITION \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Submit 2 copies to 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., Aztec, NM 87410

State of New Mexico  
 Energy, Minerals and Natural Resources Department

## OIL CONSERVATION DIVISION

310 Old Santa Fe Trail, Room 206  
 Santa Fe, New Mexico 87503

Form C-116  
 Revised 1/1/89

### GAS - OIL RATIO TEST

Operator		Pool		County											
Address			TYPE OF TEST - (X)	Scheduled <input type="checkbox"/>	Completion <input type="checkbox"/>	Special <input type="checkbox"/>									
LEASE NAME	WELL NO.	LOCATION				DATE OF TEST	STATUS	CHOKESIZE	TBG. PRESS.	DAILY ALLOWABLE	LENGTH OF TEST HOURS	PROD. DURING TEST		GAS M.C.F.	GAS - OIL RATIO CU/FT/BBL.
		U	S	T	R							WATER BBL.S.	OIL BBL.S.		

**Instructions:**

During gas-oil ratio test, each well shall be produced at a rate not exceeding the top unit allowable for the pool in which well is located by more than 25 percent. Operator is encouraged to take advantage of this 25 percent tolerance in order that well can be assigned increased allowables when authorized by the Division.

Gas volumes must be reported in MCF measured at a pressure base of 15.025 psia and a temperature of 60° F. Specific gravity base will be 0.60.

Report casing pressure in lieu of tubing pressure for any well producing through casing.

(See Rule 301, Rule 1116 & appropriate pool rules.)

I hereby certify that the above information is true and complete to the best of my knowledge and belief.

Signature \_\_\_\_\_

Printed name and title \_\_\_\_\_

Date \_\_\_\_\_

Telephone No. \_\_\_\_\_

Submit 1 Copy to Santa Fe  
and 1 Copy to Appropriate  
District Office by 15th of  
Second Succeeding Month.

State of New Mexico  
Energy, Minerals and Natural Resources Department

Form C-120-A  
Revised 1-1-89

**OIL CONSERVATION DIVISION**  
310 Old Santa Fe Trail, Room 206  
Santa Fe, New Mexico 87503

DISTRICT I  
P.O. Box 1980, Hobbs, NM 88240

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

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

**MONTHLY WATER DISPOSAL REPORT**

Disposal System \_\_\_\_\_ Disposal System \_\_\_\_\_  
Operator \_\_\_\_\_

Address \_\_\_\_\_ County \_\_\_\_\_ Month, \_\_\_\_\_ 19 \_\_\_\_\_

LEASE	WELL NO.	LOCATION				PREVIOUS - CUM DISPOSED WATER BARRELS	CURRENT MONTH DISPOSED WATER BARRELS	NEW-CUMULATIVE DISPOSED WATER BARRELS	AVERAGE INJECTION PRESSURES
		UL	S	T	R				

I hereby certify that the above is true and complete to the best of my knowledge and belief.  
Signature \_\_\_\_\_

Remarks: \_\_\_\_\_ Printed Name \_\_\_\_\_

\_\_\_\_\_ Company \_\_\_\_\_

\_\_\_\_\_ Title \_\_\_\_\_ Telephone No. \_\_\_\_\_

Submit 2 Copies  
to Appropriate  
District Office

State of New Mexico  
Energy, Minerals and Natural Resources Department

Form C-123  
Revised 1-1-89

DISTRICT I  
P.O. Box 1980, Hobbs, NM 88240

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

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

**OIL CONSERVATION DIVISION**  
310 Old Santa Fe Trail, Room 206  
Santa Fe, New Mexico 87503

**REQUEST FOR THE CREATION OF A NEW POOL**

Date \_\_\_\_\_, 19\_\_\_\_

The \_\_\_\_\_  
Name of Operator Name of Lease

\_\_\_\_\_ Located \_\_\_\_\_ feet from the \_\_\_\_\_ line and \_\_\_\_\_ feet  
Well No.

from the \_\_\_\_\_ line of \_\_\_\_\_  
Section Township Range

is outside the boundaries of any pool producing from the same formation. On the basis of the information submitted herewith on form C-105, we hereby request that a new pool be created to include the following described area.

Suggested name: \_\_\_\_\_

Name of Producing Formation \_\_\_\_\_

Operator Name and Address \_\_\_\_\_

Signature \_\_\_\_\_

Title \_\_\_\_\_ Date \_\_\_\_\_

For OCD use only:

Pool Created \_\_\_\_\_

Placed in \_\_\_\_\_ Pool.

Order No. \_\_\_\_\_ Date \_\_\_\_\_

**OIL CONSERVATION DIVISION**  
310 Old Santa Fe Trail, Room 206  
Santa Fe, New Mexico 87503

**AUTHORIZATION TO MOVE PRODUCED WATER**

Transporter Name \_\_\_\_\_

Address \_\_\_\_\_ Office Location ( If different) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Phone Number (s) \_\_\_\_\_

State Corporation Commission Permit No. \_\_\_\_\_

**NOTE:** It is the responsibility of each holder of an approved Form C-133 to familiarize its personnel with the content of Division Rules 709 and 710 and to assure operations in compliance therewith. Failure to move and dispose of produced water in accordance with Division Rules 709 and 710 are cause for cancellation of Form C-133 and the authority to move produced water.

I hereby certify that the information above is true and complete to the best of my knowledge and belief

Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_ Title \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
(This space for State Use)

Approved by \_\_\_\_\_ Title \_\_\_\_\_

Date \_\_\_\_\_

DISTRICT I  
P.O. Box 1980, Hobbs, NM 88240

**OIL CONSERVATION DIVISION**

310 Old Santa Fe Trail, Room 206  
Santa Fe, New Mexico 87503

This form is not to be used for  
reporting packer leakage tests in  
Northwest New Mexico

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

**SOUTHEAST NEW MEXICO PACKER LEAKAGE TEST**

Operator			Lease			Well No.	
Location of Well	Unit	Sec.	Twp	Rge	County		
Name of Reservoir or Pool			Type of Prod. (Oil or Gas)	Method of Prod. Flow, Art Lift	Prod. Medium (Tbg. or Csg)		Choke Size
Upper Compl							
Lower Compl							

**FLOW TEST NO. 1**

Both zones shut-in at (hour, date): \_\_\_\_\_

Well opened at (hour, date): \_\_\_\_\_

	Upper Completion	Lower Completion
--	------------------	------------------

Indicate by ( X ) the zone producing.....

Pressure at beginning of test.....

Stabilized? (Yes or No).....

Maximum pressure during test.....

Minimum pressure during test.....

Pressure at conclusion of test.....

Pressure change during test (Maximum minus Minimum).....

Was pressure change an increase or a decrease?.....

Well closed at (hour, date): \_\_\_\_\_

Oil Production	Gas Production	Total Time On Production
During Test: _____ bbls; Grav. _____	During Test _____	MCF; GOR _____

Remarks \_\_\_\_\_

**FLOW TEST NO. 2**

Well opened at (hour, date): \_\_\_\_\_

	Upper Completion	Lower Completion
--	------------------	------------------

Indicate by ( X ) the zone producing.....

Pressure at beginning of test.....

Stabilized? (Yes or No).....

Maximum pressure during test.....

Minimum pressure during test.....

Pressure at conclusion of test.....

Pressure change during test (Maximum minus Minimum).....

Was pressure change an increase or a decrease?.....

Well closed at (hour, date): \_\_\_\_\_

Oil production	Gas Production	Total time on Production
During Test: _____ bbls; Grav. _____	During Test _____	MCF; GOR _____

Remarks \_\_\_\_\_

<p><b>OPERATOR CERTIFICATE OF COMPLIANCE</b></p> <p>I hereby certify that the information contained herein is true and completed to the best of my knowledge</p> <p>Operator _____</p> <p>Signature _____</p> <p>Printed Name _____ Title _____</p>	<p><b>OIL CONSERVATION DIVISION</b></p> <p>Date Approved _____</p> <p>By _____</p> <p>Title _____</p>
---	---