

OIL CONSERVATION DIVISION

P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

APR 10 1982

O. C. D.  
ARTESIA OFFICE

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES RECEIVED	
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SANTA FE	1
FILE	1
U.S.O.B.	
LAND OFFICE	
TRANSPORTER	
OPERATOR	
REGISTRATION OFFICE	

Operator: OTENERO OPERATING COMPANY /

Address: POST OFFICE DRAWER 10505, Midland, Texas 79702

Reason(s) for filing (Check proper box) Other (Please explain)

New Well	<input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

If change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name	<u>VASQUEZ COMM.</u>	Well No.	<u>1</u>	Pool Name, including Formation	<u>Und. Malaga Atoka</u>	Kind of Lease	<u>Fee</u>
Location	Unit Letter <u>C</u>	Year <u>1980</u>	Feet From The <u>West</u>	Line and <u>660</u>	Feet From The <u>North</u>		
	Line of Section <u>10</u>	Township <u>24-S</u>	Range <u>28-E</u>	NMPM.	<u>Eddy</u>		

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil	<u>El Paso Natural Gas Company</u>	Address (Give address to which approved copy of this form is to be sent)	<u>P. O. Box 1492, El Paso, Texas 79978</u>
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 <u>C</u>	Sec. <u>10</u>	Twp. <u>24-S</u>
		Range <u>28-E</u>	Is gas actually connected? <u>Yes</u>
			When <u>3/26/82</u>

If this production is commingled with that from any other lease or pool, give commingling order number:

COMPLETION DATA

Designate Type of Completion - (X)	Oil well <input checked="" type="checkbox"/>	Gas well <input checked="" type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Rea'v. <input type="checkbox"/>
Date Spudded	<u>5/24/81</u>	Date Comp. Ready to Prod.	<u>3/26/82</u>	Total Depth	<u>11,778'</u>	P.B.T.D.	<u>11,765'</u>
Elevations (DF, RAB, RT, GR, etc.)	<u>3001.9 G.L.</u>	Name of Producing Formation	<u>Malaga Atoka</u>	Top Oil/Gas Pay	<u>11,494.30</u>	Tubing Depth	<u>11,778'</u>
Perforations	<u>11,567' to 11,579'</u>			Depth Casing Shoe	<u>11,778'</u>		

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<u>24"</u>	<u>20"</u>	<u>30'</u>	<u>Cement to surface</u>
<u>17 1/2"</u>	<u>13 3/8"</u>	<u>400'</u>	<u>450 sx. CL.C 2% CC</u>
<u>12 1/4"</u>	<u>10 3/4"</u>	<u>2600'</u>	<u>800sx. Howco-200sx.</u>
<u>9 1/2"</u>	<u>7 5/8"</u>	<u>9810'</u>	<u>300sx. Trinity Lits.</u>
<u>6 1/2"</u>	<u>4 1/2"</u>	<u>9910'</u>	<u>400 sx. CL.H.</u>

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 allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks	<u>3/27/82</u>	Date of Test	<u>3/27/82</u>	Producing Method (if low, pump, gas lift, etc.)	<u>Flowing</u>
Length of Test	<u>24 hours</u>	Tubing Pressure	<u>4500#</u>	Casing Pressure	<u>10.5/64</u>
Actual Prod. During Test	<u>0</u>	Oil-Ebbls.	<u>0</u>	Water-Ebbls.	<u>0</u>
				Gas-MCF	<u>1.8</u>

GAS WELL

Actual Prod. Test-MCF/D	<u>1.8</u>	Length of Test	<u>24</u>	Ebbls. Condensate/MMCF	<u>0</u>	Gravity of Condensate	<u>47.6</u>
Testing Method (pilot, back pr.)	<u>Back Pressure</u>	Tubing Pressure (shut-in)	<u>5300</u>	Casing Pressure (shut-in)	<u>10.5/64</u>	Chore Size	<u>10.5/64"</u>

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.

L. A. ...  
(Signature)  
Production Supervisor  
(Title)  
April 8, 1982  
(Date)

OIL CONSERVATION DIVISION

APPROVED \_\_\_\_\_, 19\_\_

BY W. A. Gressitt

TITLE SUPERVISOR, DISTRICT II

This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or old well, this form must be accompanied by a tabulation of the tests taken on the well in accordance with RULE 111. All sections of this form must be filled out completely for wells on new and recompleted wells. Fill out only Sections I, II, III, and VI for changes of well name or number, or transporter, or other such change of conditions. Separate Forms C-104 must be filed for each pool in

Posted ID-2  
Comp. Book  
EPG  
4-16-82