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Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240 DISTRICT II
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## State of New Mexico E y, Minerals and Natural Resources Departme.

## OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

RECEIVED

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

200 100 Dimes 1001 1000 1001 01410	REQUEST							žio.	27 100	
• Operator	TOT	HANSF	ORT O	_ AND NA	TURAL GA	Neil V	Pl Na.	NUV	27 '89	
ENERGY DEVELOPMENT CORPORATION						1	005-00	3420	C.D.	
Address 1000 Louisiana, Suite 2900, Houston, Texas					7002 ARTESIA. OFFICE					
Reason(s) for Filing (Check proper box)		,			et (Piease explo	un)				
New Well	Chang	in Trans			•					
Recompletion  Change in Operator  X		X Dry (					÷			
	Casinghead Gas			lee Sui	to 1800	Vouctor	Tevas	77002		
nd address of previous operator PE	LIO OIL COM	ANI,	JOU Dar	las, sur	LE 1000,	nouscor	i, lexas	77002	<del></del>	
L DESCRIPTION OF WELL	AND LEASE									
Lease Name TLSAU	<b>Well 1</b> 45	Well No. Pool Name, Inch			ing Formation - San Andres Assoc			Lease No. OG-4681		
Location	1 43	IWI	n Lakes	- San A	nares as	5001-			1001	
Unit Latter N	. 660	East 1	From The _	outh	198	80 <b>F</b>	et From The _	West	Line	
<del></del>									_	
Section 36 Towns	Section 36 Township 8S Range 28		28E	, NMPM,			Chaves County			
III. DESIGNATION OF TRA	NSPORTER OF	OIL A	ND NATI	RAL GAS						
Name of Authorized Transporter of Oil	ি তr Cor	densate		Address (Gi	e address to wi					
TEXACO TRADING AND TRANSPORTATION							1, TX 79711-0628			
Name of Authorized Transporter of Case ENERGY DEVELOPMENT CO						hich approved copy of this form is to be sent)  Suite 2900, Houston, TX 77002				
If well produces oil or liquids,	Unit Sec.			Is gas actually connected?			When?			
give location of tanks.	N 31	89		Yes			02-88			
If this production is commingled with the IV. COMPLETION DATA	st from any other lease	or pool,	give commin	gling order sun	iber:	<del></del>				
IV. COMPLETION DATA	loù v	Vell	Ges Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion	n - (X)	i		i	<u>i                                     </u>	<u> </u>	<u>i</u>		j	
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	Top Oil/Gas Pay			Tubing Depth		
Perforations						Depth Casing Shoe				
		,								
				CEMENTING RECORD						
HOLE SIZE	CASING	CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT		
								8.89		
							cha		PER	
		AT A DY	5	<u> </u>		<del></del>	الم	/ G1	: 400	
V. TEST DATA AND REQUI OIL WELL (Test must be afte	EST FOR ALLU er recovery of total vol	PW ABL	it. Id oil and my	st be equal to a	r exceed too all	owable for th	is depth or be j	for full 24 hou	ers.)	
Date First New Oil Run To Tank	Date of Test	<u> </u>		Producing N	lethod (Flow, p	ump, gas lift,	etc.)			
							Choke Size			
Length of Test	Tubing Pressure	Tubing Pressure			Casing Pressure			Choke Size		
ctual Prod. During Test Oil - Bbls.			Water - Bbls.			Gas-MCF				
GAS WELL				. — .						
Actual Prod. Test - MCF/D	Length of Test		Bbls. Conde	Bbis. Condensate/MMCF			Gravity of Condensate			
Traing Mathed (nites Arch on )	Tubing Pressure (Shut-in)			Carino Pres	Casing Pressure (Shut-in)			Choke Size		
Testing Method (pitot, back pr.)		Tank t seems (water m)			, , , , , , , , , , , , , , , , , , , ,					
VI. OPERATOR CERTIF	ICATE OF CO	MPLL	ANCE		011 001	UOPP!	ATION	חוייום	ANI .	
I hereby certify that the rules and re	gulations of the Oil C	onservatio	0		OIL CO	NOEHV			אוכ	
Division have been complied with a is true and complete to the best of n	nd that the informations in knowledge and hel	n given ab ief.	ove			- al		8 1989		
/ / /					e Approve	<b>∌</b> a	<u> تا ن بي</u>			
	Davel			D.,	,~~;	RIAIPS!	SIGNED	3y - वर्षाः -		
Signature Michael M. Bauer		Agen	- 1 <b>+</b>	By.	<u>.</u>		2320	<del></del>	<u></u>	
Printed Name		Titl	E	Title	9	de Milado	33 Office	SOUT IP		
11-16-89 Date	(71	3) 37( Telephor	)−7392 × 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.