

cliff
up

OIL CONSERVATION DIVISION

MAR 15 1993

O. C. D.
ARTESIA

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

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

Operator	Achen Oil and Gas	Well API No.	300051022700
Address P.O. Box 385, Artesia, New Mexico 88211-0385			
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 checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
If change of operator give name and address of previous operator Fi-Ro Corporation P.O. Box 8148, Roswell, New Mexico 88201			

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Dale Federal	Well No.	9	Pool Name, Including Formation	Leslie Springs Sa	Kind of Lease	Fed State, Federal or Fee	Lease No.	LC 067811A	
Location										
Unit Letter	G		1650	Feet From The	North	Line and	1650	Feet From The	East	Line
Section	26	Township	7S	Range	26E		NMPM,	Chaves		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)					
NBC						
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		
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT		
						Post ID-3		
						3-19-93		
						chy op		

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 Nancy King Agent
Printed Name 3-11-93 Title 746-4309
Date _____ Telephone No. _____

OIL CONSERVATION DIVISION

Date Approved MAR 16 1993

By ORIGINAL SIGNED BY
MIKE WILLIAMS
Title SUPERVISOR, DISTRICT II

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.

UNITED STATES NM 011 SUBMITTAL CERTIFICATE
DEPARTMENT OF THE INTERIOR (Other instructions on reverse side)
BUREAU OF LAND MANAGEMENT Artesia, NM 88210

Expires August 31, 1985

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a well or reservoir.
Use "APPLICATION FOR PERMIT" for such proposals.)

1. OIL WELL ☒ GAS WELL ☐ OTHER ☐ **AUG 30 '89**

2. NAME OF OPERATOR **FI-RO CORPORATION**

3. ADDRESS OF OPERATOR **P O BOX 8148 ROSWELL, N.M.**
O. C. D.
ARTESIA, OFFICE

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface
UNIT G 1650' fnl 1650' fel
SECTION 26 7S 26E
CHAVES COUNTY, N.M.

14. PERMIT NO. **30-015-10227** 15. ELEVATIONS (Show whether DF, RT, GR, etc.) **3805 GR**

5. LEASE DESIGNATION AND SERIAL NO. **LC067811A**

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME **DALE FEDERAL**

9. WELL NO. **#9**

10. FIELD AND POOL, OR WILDCAT **LESLIE SPRINGS SA**

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA **SEC. 26 7S 26E**

12. COUNTY OR PARISH **CHAVES** 13. STATE **N.M.**

Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐ PULL OR ALTER CASING ☐
FRACTURE TREAT ☐ MULTIPLE COMPLETE ☐
SHOOT OR ACIDIZE ☐ ABANDON* ☐
REPAIR WELL ☐ CHANGE PLANS ☐
(Other) **TEMPORARILY ABANDON** **XX**

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐ REPAIRING WELL ☐
FRACTURE TREATMENT ☐ ALTERING CASING ☐
SHOOTING OR ACIDIZING ☐ ABANDONMENT* ☐
(Other) ☐

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.) *

REQUEST PERMISSION TO TEMPORARILY ABANDON THIS WHILE PENDING FURTHER
EVALUATION FOR SALE OR PLUG AND ABANDONMENT

18. I hereby certify that the foregoing is true and correct

SIGNED Peter W. Chester TITLE SECRETARY

DATE 8-15-89

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____
APPROVED FOR 12 MONTH PERIOD
ENDING AUG 29 1990

*See Instructions on Reverse Side

APPROVED
DATE PETER W. CHESTER
AUG 29 1989
BUREAU OF LAND MANAGEMENT
ROSWELL RESOURCE AREA