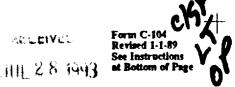
Submit 5 Cepies
Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

ABLEIVEL



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

OIL CONSERVATION DIVISION P.O. Box 2088 Santa Fe, New Mexico 87504-2088

0.1.0.

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I	٦	TO TRA	NSP	ORT OIL	. AND NA	TURAL GA					
Operator Achen Oil and C	Achen Oil and Gas, Inc.						Well API No. 300051022700				
Address	1 300031022/00										
Box 385, Artesi	a, New	Mexic	o 88	211-038						· · · · · · · · · · · · · · · · · · ·	
Reason(*) for Filing (Check proper box) New Well		Channa in	Т	antes af:	U Out	es (Please expl	ain)				
ew Well Change in Transporter of: completion Oil Dry Gaz Effective July 1, 1993											
Change in Operator Change											
If change of operator give name Achen Oil and Gas											
•	II. DESCRIPTION OF WELL AND LEASE										
II. DESCRIPTION OF WELL A	AND LEY	Well No.	Pool I	iame, Includi	ng Pormetice		Kind o	Lease Fe	ed L	ease No.	
Dale Federal	9 Leslie Spr				_	rings SA State, I			Rederal or Fee Lc 067811A		
Location	1.0				N7 . 1	-	650		•		
Unit LetterG	: 1650 Feet From The North Line and 1650 Feet From The Eas							East	Line		
Section 26 Township 7S Range 26E NMPM, -Eddy Chave, County										County	
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS											
Name of Authorized Transporter of Oil X or Condensate Address (Give address to which approved copy of this form is to be sent)											
Navajo Refining Company Box 159, Artesia, New Mexico 88211-0159										0159	
Name of Authorized Transporter of Casing	Address (Gin	e address to wi	hich approved	copy of this form is to be sent)							
If well produces oil or liquids,	Unit	Sec.	Twp.	Rge.	ls gas actually connected?		When	When ?			
give location of tanks.	<u>i </u>		<u>i</u>			· · · · · · · · · · · · · · · · · · ·	i				
If this production is commingled with that from any other lease or pool, give commingling order number:											
IV. COMPLETION DATA		Oil Well		Ges Well	New Well	Workover	Decpen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion	- (X)		i i		İ				<u>i</u>	<u>i</u>	
Date Spudded Dete Compi. Ready to Prod.					Total Depth			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	s (DF, RKB, RT, GR, etc.) Name of Producing Pormation					Top Oil/Gas Pay			Tubing Depth		
Perforations					<u> </u>			Depth Casing Shoe			
								•			
TUBING, CASING AND CEMENTING RECORD											
HOLE SIZE CASING & TUBING SIZE						DEPTH SET	·	Port ID-3			
								8-21-93			
								nhy up name			
V. TEST DATA AND REQUES OIL WELL (Test must be after to	T FOR A	LLOW	ABLE	i Lail and must	he equal to or	exceed top allo	owable for this	depth or be	for full 24 hou	rs.)	
Date First New Oil Run To Tank	Date of Tes		9.0		Producing M	ethod (Flow, pr	emp, gas lift, e	tc.)			
								Choke Size			
Length of Test	Tubing Pressure				Casing Press	Casing Pressure					
Actual Frod. During Test	Oil - Bbis.				Water - Bbis	Water - Bbls.			Gas- MCF		
Will I I I Wallet I Wall To Bullet											
GAS WELL											
Actual Fred. Test - MCF/D	Length of Test				Bbls. Conde	sets/MMCF		Gravity of Condensate			
	t pr.) Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size			
Testing Method (pitot, back pr.)	I word liming (2018-18)				Canal Hosens form my						
VI. OPERATOR CERTIFIC	ATE OF	COMI	PLIA	NCE	1		10551	ATION	בייייייייייייייייייייייייייייייייייייי	NA I	
I hereby certify that the rules and regulations of the Oil Conservation						OIL CONSERVATION DIVISION					
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.					Date Approved : AUG 1 1 1993						
As Die alle College to als best of the Anomaries and order.						Approve	·	<u>. 1</u> 1	<u>. JJJ</u>		
1 / Marches.	By_			בין פע							
Signature Nancy King Agent						By ORIGINAL SIGNED BY MIKE WILLIAMS					
Printed Name Title						Title SUPERVISOR, DISTRICT II					
7-27-93 Date		505 Tel	746 ephone	4309 N o.							
L/ate		1 61	-privile	. .	<u> </u>						

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.