

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

OIL CONSERVATION DIVISION

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

RECEIVED

JUL 27 1992

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

O. C. D.
DISTRICT OFFICE

I. Operator <u>Central Resources, Inc.</u> ✓		Well API No. <u>30-005-61258</u>
Address <u>1776 Lincoln Street, Suite 1010, Denver, Colorado 80203</u>		
Reason(s) for Filing (Check proper box) ☐ Other (Please explain)		
New Well ☐	Change in Transporter of:	
Recompletion ☐	Oil ☐	Dry Gas ☐
Change in Operator ☒	Casinghead Gas ☐	Condensate ☐

If change of operator give name and address of previous operator DeKalb Energy Company, 1625 Broadway, Denver, Colorado 80203

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Vance Federal Com</u>	Well No. <u>1</u>	Pool Name, including Formation <u>Pecos Slope Abo</u>	Kind of Lease State (Federal) or Fee	Lease No. <u>NM 37601</u>
Location				
Unit Letter <u>0</u> : <u>660</u> Feet From The <u>South</u> Line and <u>1980</u> Feet From The <u>E</u> Line				
Section <u>27</u> Township <u>7S</u> Range <u>26E</u> NMPM, <u>Chaves</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☒	Address (Give address to which approved copy of this form is to be sent)
<u>Navajo Refining Company</u>	<u>P.O. Box 159, Artesia, NM 88210-0159</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)
<u>Transwestern Pipeline Company</u>	<u>Suite 614, 1st Nat'l Bank, Odessa, TX 79760</u>
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When?
	<u>0</u> <u>27</u> <u>7</u> <u>26</u> <u>Yes</u> <u>7/16/82</u>

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

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 <u>posted ID-3</u> <u>7-31-92</u>
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF <u>61g</u>

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.

Irene Trujillo
Signature
Irene Trujillo, Engineering Technician
Printed Name Title
June 29, 1992 (303) 830-1632
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved JUL 25 1992

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.

Form 3160-5
November 1983
(Formerly 9-331)

Drawer DD

UNITED STATES OF AMERICA
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

Form approved.
Budget Bureau No. 1004-1
Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.

NM 37601

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Vance Federal Com

9. WELL NO.

1

10. FIELD AND POOL OR WILDCAT

Pecos Slopes Abo

11. SEC. T., R., M., OR BLK. AND
SURVEY OR AREA

Sec. 27, T7S-R26E

12. COUNTY OR PARISH

Chaves

13. STATE

NM

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" for such proposals.)

1. OIL WELL ☐ GAS WELL ☒ OTHER ☐ 91 JUN 19 PM 2:37
2. NAME OF OPERATOR DEKALB Energy Company
3. ADDRESS OF OPERATOR 1625 Broadway Denver, CO 80202
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.
See also space 17 below.)
At surface
O-660'FSL, 1980'FEL SW SE
14. PERMIT NO. API 30-005-61258 15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3777'GR
RECEIVED
OCT 30 1991
O. C. D.
ARTESIA OFFICE

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

Gas Analysis

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

19. 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.)

The Vance Federal No. 1 well has no H₂S concentration.

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

SIGNED

TITLE District Superintendent

DATE

6/6/91

(This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:

DATE

FOR RECORD
PETER W. CHESTER

OCT 29 1991

BUREAU OF LAND MANAGEMENT
ROSWell RESOURCE AREA

*See Instructions on Reverse Side

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

TRANSWESTERN PIPELINE COMPANY
(A SUBSIDIARY OF ENRON CORP.)

GAS QUALITY TEST REPORT

PRODUCER DEPOD INC STATION NO. 1586-1
FIELD PECOS SLOPE EFFECTIVE DATE 10/20/86
RESERVOIR ABO LAB NUMBER 4
STATION NAME VANCE FED #1

COMPONENTS	SPECIFIC GRAVITY	MOLE FRACTION	LIQUEFIABLE HYDROCARBONS	COMPONENT GPM	GPM CONTENT
NITROGEN	.9672	.0478	PROPANE	27.514	.4953
CARBON DIOXIDE	1.5195	.0005	ISOBUTANE	32.698	.0948
HELIUM	.1382		N-BUTANE	31.510	.1796
OXYGEN	1.1048	.0000	LPG		.7697
HYDROGEN SULFIDE	1.1766	.0000	ISOPENTANE	36.582	.0622
WATER VAPOR	.6220	.0000	N-PENTANE	36.213	.0652
			HEXANES	41.111	.0576
			HEPTANES+	46.126	.0554
			NATURAL GASOLINE		.2403
METHANE	.5539	.8739	TOTAL LIQUEFIABLE GPM		1.0100
ETHANE	1.0382	.0451	WATER VAPOR CONTENT:		
PROPANE	1.5225	.0180	GAS MIXTURE STATIC PSIG		160.0
ISOBUTANE	2.0068	.0029	FLOWING GAS TEMP (F)		56.0
N-BUTANE	2.0068	.0057	WATER VAPOR DEW POINT (F)		44.0
ISOPENTANE	2.4911	.0017	LBS WATER VAPOR / MMCF		43.0
N-PENTANE	2.4911	.0018	DEHY INSTALLED (TW)		NO
HEXANES	2.9753	.0014	INSTRUMENT TYPE		RAN
HEPTANES+	3.5807	.0012			
COMPOSITION-----		1.0000	MOL FRACTION		.0000
MIXTURE SPECIFIC GRAVITY			SULFUR CONTENT (GR. PER 100 CF)		
CALC. FROM ANAL. (REAL)		.641	HYDROGEN SULFIDE		
DETERMINED BY TEST INST.		.641	MERCAPTANS		
INST. VERIFIED		OCT	SULFIDES		
MIXTURE HEATING VALUE			RESIDUALS		
(BTU/CF @ 14.73 PSIA, 60F, SAT.)			TOTAL SULFUR		
CALCULATED FROM ANALYSIS		1050	MOLE FRACT H2S		
BY CALORIMETRY		NONE	COMPRESSIBILITY (Z)		.9976

PP: 11:19 OCT 22, 1986

ANALYST *Jimmy Lee* [TW]