

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240
DISTRICT II
P.O. Drawer DD, Azusa, NM 88210
DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

MINERAL AND NATURAL Resources Department

OIL CONSERVATION DIVISION

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

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AUG 31 1992

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SEP 18 1992

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator Pueblo Petroleum, Inc. /	Well API No. O. C. D.
Address P. O. Box 8249 Roswell, NM 88202	

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 checked="" type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Change of operator give name and address of previous operator	

DESCRIPTION OF WELL AND LEASE

Lease Name CX Plains	Well No. 17	Pool Name, Including Formation Racetrack San Andres	Kind of Lease State, Federal or Fee	Lease No.
Location Unit Letter <u>0</u> , <u>330</u> Feet From The <u>South</u> Line and <u>1650</u> Feet From The <u>EAST</u> Line Section <u>19</u> Township <u>10S</u> Range <u>28E</u> NMPM, Chaves County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1356 Dumas, TX 79029
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)
Well produces oil or liquids, or location of tanks.	Unit <u>0</u> Sec. <u>19</u> Twp. <u>10S</u> Rge. <u>28E</u>
Is gas actually connected?	When?

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Is Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Locations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
Locations			Depth Casing Shoe					

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

TEST DATA AND REQUEST FOR ALLOWABLE

NEW 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.)			
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
Initial Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

OLD WELL

Initial 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

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 Gary L. Royal
Printed Name Gary L. Royal Title Comptroller
Date 8-28-92 Telephone No. 623-6133

OIL CONSERVATION DIVISION

Date Approved SEP 21 1992

By ORIGINAL SIGNED BY

MIKE WILLIAMS

Title SUPERVISOR, DISTRICT II

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- All sections of this form must be filled out for allowable on new and recompleted wells.
- Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- Separate Form C-104 must be filed for each pool in multiply completed wells.