

RECEIVED

MAY - 8 1992

Submit 5 Copies  
Appropriate District Office  
**DISTRICT I**  
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico  
Energy, Minerals and Natural Resources Department

O. C. D. Form C-104  
Revised 1-1-89  
See Instructions  
at Bottom of Page

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

# OIL CONSERVATION DIVISION

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 PUEBLO OPERATING		Well API No.
Address P.O. BOX 8249 ROSWELL, NEW MEXICO 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 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 YATES EXPLORATION COMPANY, INC. P.O. BOX 0 ALBUQUERQUE, NM 87103		

### II. DESCRIPTION OF WELL AND LEASE

Lease Name NASTY	Well No. 1	Pool Name, Including Formation RACETRACK SAN ANDRES	Kind of Lease State, Federal or Fee	Lease No.
Location Unit Letter <u>L</u> : <u>2280</u> Feet From The <u>SOUTH</u> Line and <u>330</u> Feet From The <u>WEST</u> Line Section <u>20</u> Township <u>10S</u> Range <u>28E</u> , NMPM, CHAVES County				

### III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> PUEBLO PETROLEUM, INC.	Address (Give address to which approved copy of this form is to be sent) P.O. BOX 8249 ROSWELL, NM 88202	
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.
	18	9S
	28E	
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

### 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>ported 50 3</u> <u>5 22 92</u>
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF <u>413 07</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.

Signature Gary L. Royce Comptroller  
Printed Name Gary L. Royce Title  
Date 05/07/92 Telephone No. 1-623-6133

### OIL CONSERVATION DIVISION

Date Approved MAY 18 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.