						. 1
Submit 5 Copies Appropriate District Office DISTRICT I	Energy, Mine	State of Ne rais and Nam	w Mexico tral Resources Departm	ent	RECEIVE	Form C-104 Feevland 1-1-89
P.O. Box 1980, Hobbs, NM 88240		ISERVA	TION DIVISIO	N		at Bottom of Page
DISTRICT II P.O. Drawer DD, Artesia, NM 88210	,	P.O. Bo		· ·	<b>JM</b> 25	190
Dis 1 RICT III 1000 Rio Brazos Rd., Aztec, NM 87410	REQUEST FOR	ALLOWAB	LE AND AUTHORI		o, c	D.
I	TO TRANS	PORT OIL	AND NATURAL GA	AS Well A	ARTESIA,	OFHIGE
Operator						11
Great Western Dri			······································	<u>_</u> 3	<u>0-005-627</u>	<u>11</u>
P.O. Box 1659, Mi Reeson(s) for Filing (Check proper box)	dland, Texas /	9702	Ciber (Please expla	sia)		
New Well	Change in Tran	• •				
Recompletion		Ges [_]				
Change is Operator					· _ · _ · _ ·	
and address of previous operator						
II. DESCRIPTION OF WELL		N	- Farmation		(1	Lease No.
Lesse Name	1 1	I Name, laciudu ecos slop	•		f Lease Federal OCIEN	NM-15862
Quail Federal						141_15002
Unit LetterG	;1,980Fee	From The <u>No</u>	<u>rth_Line and _1,8</u> ;	30 Fe	st From The	EastLine
Section 22 Townsh	nip 6-S Ran	<u>≄ 25-E</u>	, NMPM,		Chaves	County
III. DESIGNATION OF TRAI	NSPORTER OF OIL	ND NATU	RAL GAS			
Name of Authorized Transporter of Oil	or Condensate		Address (Give address to wi	hich approved	copy of this form	is to be sent)
Norse of Authorized Theorem of Cont	noteed Case	bry Gas 🔀	Address (Give address to wi	ich anaraud	come of this form	it to be cont)
Name of Authorized Transporter of Casis				асларргонц	copy of the Jorm	Li lo de senij
If well produces oil or liquids,	Unit Sec. Twy	. Rgs.	is gas actually connected?	When	?	<b>.</b>
give location of tanks.		-S 25-E	No	<u> </u>	Est.	3-1-90
If this production is commingled with the	I from any other lesss or pool,	give commingli	ng order number:			· ····································
IV. COMPLETION DATA	Oil Well	Ges Well	New Well   Workover	Despen	Plug Back Sar	ne Res'v Diff Res'v
Designate Type of Completion		X	x			
Date Spudded	Date Compl. Ready to Prod		Total Depth	<u> </u>	P.B.T.D.	
7-20-	89 1-4.		4 , 050 ' _ Top Oil/Ges Pay			,989'
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Format	io <b>n</b>	•		Tubing Depth	0401
3,879'GR(3,889'KB) Perforations	Abo		<u>3,707'</u>		Depth Casing Si	,949 ' we
Perfs" 3,707'-3,981',	total 69', 69 h	oles _			4	,050'
	and the second		CEMENTING RECOR	<u>D</u>	+	
HOLE SIZE	CASING & TUBIN		DEPTH SET			$2\frac{1}{2}$ Yds. Redi-Mix
14-3/4"	10-3/4",32-40.5-51		<u>921'KBM</u> 1.890'KBM			-Cmt. 1,540'Temp.
9-7/8" 6-1/2"	7-5/8", 26.40# 4-1/2", 11.6#		4.050 KBM			-Cmt. 2,880'Temp.
	2-3/8" Tbg.		3,949'KBM			
V. TEST DATA AND REQUE	ST FOR ALLOWABL	E.				
	recovery of total volume of lac		be equal to or exceed top allo Producing Method (Flow, pu			uli 24 hours.)
Date First New Oil Run To Tank	Date of Test		LIVER MEANING LIVER' LA	nuge, gans 191, 41	~-/	
Length of Test	Tubing Pressure		Casing Pressure		Choke Size	<u></u>
-					Gaa- MCF	
Actual Prod. During Test	Oil - Bbls.		Water - Bbis.		Gas- MCP	·
GAS WELL	<u> </u>					
Actual Prod. Test - MCF/D	Longth of Test	1	Bbis. Condenante/MMCF		Gravity of Cond	
A.O.F. 1,411 MCF/day	Y 4 <sup>1</sup> / <sub>4</sub> Tubing Pressure (Shut-in)	hrs.	() Casing Pressure (Shut-in)		Choke Size	<del>مە</del> مىز مە
Testing Method (pilol, back pr.) Back Pressure	855 p	sia	a 058	sia		5"-1/4"-5/16"
VI. OPERATOR CERTIFIC				-		
I hereby certify that the rules and regu- Division have been complied with and	ulations of the Oil Conservation that the information given ab	٩	OILCON	ISERVA	ATION DI	VISION
is true and complete to the best of my	knowledge and belief.		Date Approve	d		
M. B. W. je	2	<u> </u>	By			
Signature	Ass't. to Gen.	Supt	Ву			<u>,</u>
M.B. Myers	ASS L. LO Gell.		Title			
<u>1-23-90</u>	(915) 682-5241		· WO			
Date	Telephon	e No.				
ويتحد المدانة وعناد المحد فحاصي						

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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.

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2) 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.

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Submit 5 Copies			ew Mexico	RECENCE	Form C-104
Appropriate District Office DISTRICT I	Energy,	Minerals and Nati	ural Resources Department		Revised 1-1-89 See Instructions
P.O. Box 1980, Hobbs, NM 88240		CONSERVA	TION DIVISION	1111 20 1	at Bottom of Page
DISTRICT II P.O. Drawer DD, Artesia, NM 88210		P.O. Bo		JAN 29 '	5U .
	S	lanta Fe, New Ma	exico 87504-2088	С. С. D	
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410	DECHEST				
I.			AND NATURAL GAS		, , on (
Operator				Well API No.	
Great Western Dril	lling Compan	ıy √		30-005-627	/11
Address	11 1 11	70702			
P.O. Box 1659, Mic Resson(s) for Filing (Check proper box)	iland, Texas	79702	Other (Please explain)		
New Well	Change	in Transporter of:			
Recompletion		Dry Gas			
Change in Operator	Casinghead Gas			<u></u>	
and address of previous operator				······································	
<b>II. DESCRIPTION OF WELL</b>	AND LEASE				
Lease Name	Well No		-	Kind of Lease	Lease No. NM-15862
Quail Federal	5	Pecos slop	DE ADO		111-15002
Unit LetterG	. 1,980	Real From The NC	orth Line and 1,830	Feet From The	East Line
Unit Letter	- i				
Section 22 Townshi	<u>6-S</u>	Range 25-E	, NMPM,	Chaves	County
III. DESIGNATION OF TRAN	SPORTER OF		RAL GAS		
Name of Authorized Transporter of Oil	or Coad		Address (Give address to which a	pproved copy of this form	n is to be sent)
			A day (C) and the second inter-		is to be part)
Name of Authorized Transporter of Casing	phead Gas	or Dry Gas 🔀	Address (Give address to which a	pproved copy of this jorn	( is to be sent)
If well produces oil or liquids,	Unit Sec.	Twp. Rgs.	Is gas actually connected?	When ?	
give location of tanks.	<u> </u>	6-S 25-E	No	Est	. 3-1-90
If this production is commingled with that i	from any other lease of	or pool, give commingle	ing order number:		····· · ······························
IV. COMPLETION DATA	Oil We	all Ges Well	New Well Workover D	ecosa Piug Back Sa	me Res'v Diff Res'v
Designate Type of Completion					
Date Spudded	Date Compl. Ready		Total Depth	P.B.T.D.	
7-20-8		1-4-90	4 , 050 ' Top Oil/Ges Pay		3,989'
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing	Abo	3,707'	Tubing Depth	3.949'
3,879'GR(3,889'KB) Perforations	_L	ADO		Depth Casing S	
Perfs" 3,707'-3,981',	total 69', 6	69 holes			4,050'
	TUBINO	G, CASING AND	CEMENTING RECORD		
HOLE SIZE			DEPTH SET		CKS CEMENT
14-3/4"	<u>10-3/4",32-40</u> 7-5/8", 26		921'KBM 1,890'KBM		-Cmt. 1,540'Temp.
9-7/8"	4-1/2", 11		4,050 KBM		-Cmt. 2,880'Temp.
					_
V. TEST DATA AND REQUES	T FOR ALLOW	VABLE	be equal to or prevail top allowable	MAA	6.11 74 hours 1
		e of load oil and must	Producing Method (Flow, pump,	e for his depth or be for	jul 24 nours.)
Date First New Oil Run To Tank	Date of Test		150		
Length of Test	Tubing Pressure		Casing Pressure	Choke Suze	
			Casing Pressure JAN 25	1990	·
Actual Prod. During Test	Oil - Bbls.		Water - Bhis	Com- Mar P	
L	<u> </u>		1 \02		
GAS WELL	II specify of Processing		Bola Contensis MONCENEW	Gravity of Con	densate
Actual Prod. Test - MCF/D A.O.F. 1,411 MCF/day	Length of Test	$4\frac{1}{4}$ hrs.	INF M		
Testing Method (pitot, back pr.)	Tubing Pressure (Sh		Casing Pressure (Shut-in)	Choke Size	
Back Pressure	-	55 psig	850 psig	1/8"-3/1	6"-1/4"-5/16"
VL OPERATOR CERTIFIC	ATE OF COM	PLIANCE		ERVATION D	
I hereby certify that the rules and regula	ations of the Oil Cons	ervation			
Division have been complied with and is true and complete to the best of my h	that the information g	avea above			
IN THE THE CHIMPLE IN THE DEST OF HIS I			Date Approved _		
M. B. M. un	>		<b>D</b>		
Signature		Con Cumt	Ву		
M.B. Myers	Ass't. to (	Gen. Supt. Tale	Titlo		
1-23-90	(915) 682-	5241	Title		
Date	Te	elephone No.			

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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.
- 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.

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3								_1_
		State of Ne			- 4		Form C-1	
Appropriate District Office DISTRICT 1	Energy, N	Ainerals and Natu	ni kesource	s Departmer	16		Revised 1- See Instru	ctions
P.O. Box 1980, Hobbs, NM 88240	OIL C	ONSERVA	TION D	IVISION	N		at Bottom RE	
DISTRICT II P.O. Drawer DD, Artenia, NM 88210	,	P.O. Bo	x 2088				. –	
DISTRICT III	Sa	nta Fe, New Me	xico 87504	-2088			2011	
1000 Rio Brazos Rd., Aztec, NM 87410	REQUEST F	OR ALLOWAB		UTHORIZ	ATION		Jan	29 <b>'90</b>
Ι.		NSPORT OIL			S			
Operator	•	1			Weil A			D.
Great Western Dri	<u>lling Company</u>	· ·/			30	)-005-62	/11	ia, Office
P.O. Box 1659, Mi	dland. Texas	79702						
Reason(s) for Filing (Check proper box)			Other	(Please explai	n)			
New Well 🔛	Oil Change in	Transporter of:						
Change in Operator	Casinghead Gas	Condensate						
If change of operator give name and address of previous operator								<u> </u>
II. DESCRIPTION OF WELL	ANDIEASE							
Lease Name	Well No.	Pool Name, Includin	g Formation		Kind o		Lea	e No.
Quail Federal	5	Pecos slop	e Abo		Szenc, F	ederal OCENE	NM-158	362
Location	1 000		- 1 3-	1 00	0		<b>T</b> 1	
Unit LetterG	_:1,980	Feet From The <u>NO</u>	rtn Lise	und <u>1,83</u>	<u> </u>	t From The	East	Line
Section 22 Townshi	ip 6-S	Range 25-E	. NM	PM,		Chaves		County
III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil	OF Conden		Address (Give	oddress to whi	ch approved	copy of this for	m is to be sent	,
· · · · · · · · · · · · · · · · · · ·								
Name of Authorized Transporter of Casin	ighead Gas	or Dry Gas 🔀	Address (Give	address to whi	ch approved	copy of this for	m is to be sent	)
If well produces oil or liquids,	Unit Sec.	Twp. Rgs.	Is gas actually	connected?	When		···· · · · · · · ·	
give location of tanks.	G 22	6-S 25-E		No		Est	. 3-1-90	<u> </u>
If this production is commingled with that	from any other lease or	pool, give commingli	ng order numbe	r				
IV. COMPLETION DATA		Ges Weil	New Well	Workover	Deepen	Plug Back S	ame Res'v	Diff Res'v
Designate Type of Completion		x	X					
Date Spudded	Date Compl. Ready to	o Prod.	Total Depth			P.B.T.D.	• • • • • •	
7-20-8 Elevations (DF, RKB, RT, GR, etc.)	Name of Producing F	1-4-90	4, Top Oil/Gas Pr	050'		Tubing Depth	<u>3,989'</u>	
3,879'GR(3,889'KB)	-	Abo	-	- 707 '		· oopui	3.949'	
Perforations						Depth Casing		
Perfs" 3,707'-3,981',	total 69', 6	9 holes CASING AND	CELCENTIN	C PECOPI	<u>.</u>		4,050'	
HOLE SIZE	CASING & T			DEPTH SET	,	SACKS CEMENT		NT
14-3/4"	10-3/4", 32-40.		921'KE			625 Sxs. + 2½ Yds. Redi-Mix		
9-7/8"	7-5/8", 26.		1,890'KE					<u>40'Temp.</u> 5
6-1/2"	4-1/2", 11.	6#	4.050'KE			240 Sxs, '	<u>I-Cmt. 2,8</u>	<u>380''lemp,</u> S
V. TEST DATA AND REQUE	2-3/8" Tbg. ST FOR ALLOW	ABLE	3,949'KF	<u>sivi</u>				
OIL WELL (Test must be after	recovery of solal volume	of load oil and must	be equal for the	sceed top allo	wable for this	depih or be fo	full 24 hours	.)
Date First New Oil Run To Tank	Date of Test	String and	Hyanging Ma	Flow, put	np, gas lift, ei	c.)		
Length of Test	Tubing Pressure		Children Provinue		<u></u>	Choke Size		
Length of Test	Tubing Treasure	10 - 11		12.82				
Actual Prod. During Test	Oil - Bbls.	JUA	Water - Bois	33 al		Gas- MCF		
			~ 0 790	<u> </u>		<u> </u>		
GAS WELL	It was at the set		Bbis. Condens			Gravity of Co	ndensale	
Actual Prod. Test - MCF/D A.O.F. 1,411 MCF/day	Length of Test	$4\frac{1}{4}$ hrs.	1	S∕0				
Testing Method (pitot, back pr.)	Tubing Pressure (Shu		Caung Presen			Choke Size	<u></u> ,,_,,,,,,,,,,,,,,,,,,,,,,,,,,	
Back Pressure		5 psig		<u>850 p</u> s	sig	1/8"-3/	<u>16"-1/4"</u>	-5/16"
VL OPERATOR CERTIFIC	CATE OF COM	PLIANCE	r		SERV		IVISIO	N
I hereby certify that the rules and regu Division have been complied with and	ilations of the Oil Conse 1 that the information of	evation vea above						
is true and complete to the best of my	knowledge and belief.	/ =_ / / =	Date	Approved	d b			
a se al sande a				TF				
M. 13. Maple	2		By					
Signature M.B. Myers	Ass't. to G			,				
Printed Name		Title	Title_		<u></u>			
<u>1-23-90</u> Date	<u>(915) 682-5</u> Tel	iephone No.						

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.

•			
	State of Ne Energy, Minerals and Natu		Form C-104 Review 1-1-89 See Instructions
P.O. Box 1980, Hobbs, NM 88240	OIL CONSERVA		at Bottom of Page
DISTRICT II P.O. Drawer DD, Artesia, NM 88210	P.O. Bo Santa Fe, New Me	-	<b>JAN 29 '90</b>
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410	REQUEST FOR ALLOWAB		ON O. C. D.
[ <b>.</b>	TO TRANSPORT OIL		ARTESIA, OFFIGE
Operator	······································		Well API No.
Great Western Dril	Lling Company /		30-005-62711
P.O. Box 1659, Mid	lland, Texas 79702	Other (Please explain)	
Reason(s) for Filing (Check proper box) New Well	Change in Transporter of:		
Recompletion	Oil Dry Gas Casinghead Gas Condensate		
Change in Operator			
II. DESCRIPTION OF WELL	AND LEASE		
Lease Name	Weil No. Pool Name, Iacludiz	•	Kind of Lesse Lesse No.
Quail Federal	5 Pecos slop	e Abo	MM-15862
Unit LetterG		orth_Line and1,830	Feet From TheEastLine
22	n 6-S Range 25-E	, NMPM,	Chaves County
III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil	SPORTER OF OIL AND NATUR	RAL GAS Address (Give address to which ap	proved copy of this form is to be sent)
		Address (Cine address to which a	
Name of Authorized Transporter of Casing	ghead Gas or Dry Gas		proved copy of this form is to be sent)
If well produces oil or liquids, give location of tanks.	Unit      Sec.      Twp.      Rgs.        G      22      6-S      25-E	Is gas actually connected? NO	When? Est. 3-1-90
If this production is commingled with that in [V. COMPLETION DATA]	from any other lease or pool, give commingli	ing order number:	· · · · · · · · · · · · · · · · · · ·
	Oil Well Gas Well		epen Plug Back Same Res'v Diff Res'v
Designate Type of Completion - Date Spudded	- (A) X Date Compl. Ready to Prod.	X Total Depth	P.B.T.D.
7-20-8		4 , 050 '	3,989'
Elevations (DF, RKB, RT, GR, etc.) 3,879'GR(3,889'KB)	Name of Producing Formation Abo	3,707'	Tubing Depth 3,949'
Perforations	tatal (01 (0 balan		Depth Casing Shoe
Perfs" 3,707'-3,981',	TUBING, CASING AND	CEMENTING RECORD	4,050'
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	625 Sxs. + 2 <sup>1</sup> / <sub>2</sub> Yds. Redi-Mix
<u>14-3/4"</u> 9-7/8"	10-3/4",32-40.5-51# 7-5/8", 26.40#	921'KBM 1,890'KBM	275 Sxs. T-Ont. 1,540'Temp. S
6-1/2"	4-1/2", 11.6#	4.050'KBM	240 Sxs, T-Ont. 2,880'Temp. S
V TEST DATA AND REQUES	2-3/8" Tbg.	<u>3,949'КВМ</u>	
OIL WELL (Test must be after r	ecovery of total voldime of load oil and musi	be simul 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 Misuko (Prow, party), g	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	OWnier - Bills.	Gas- MCF
GAS WELL			
Actual Prod. Test - MCF/D	Longth of Test	Shit, Condensate/MMCF	Gravity of Condensate
A.O.F. 1,411 MCF/day Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
Back Pressure	855 psig	850 psig	1/8"-3/16"-1/4"-5/16"
VI. OPERATOR CERTIFIC	ATE OF COMPLIANCE	OIL CONSE	RVATION DIVISION
I hereby certify that the rules and regul Division have been complied with and is true and complete to the best of my l	that the information gives above		
Mr. B. M. un	Ð	Date Approved	
Signature M.B. Myers	Ass't. to Gen. Supt.	By	
Primed Name	Ass c. to defi. Supe.	Title	
<u>1-23-90</u> Date	<u>(915) 682-5241</u> Telephone No.		

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.

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 Jubriit 5 Copies Appropriate District Office DISTRICT I	Energy,	State of Minerals and		Mexico al Resource	es Departme	nt	R	Form C ECENTE	)1-89 uctions
O. Box 1980, Hobbs, NM 88240	ΟΠ	CONSER	VAT	TION D	IVISIO	N		at Bottor	n of Page
DISTRICT II P.O. Drawer DD, Anesia, NM 88210			). Box			JAN 29'	90		
DISTRICT III 000 Rio Brazos Rd., Aztec, NM 87410	<b>REQUEST</b>							O. C.	D.
r		ANSPORT						ARTESIA, C	FFICE
Operator	1016	MISFORT			UTINE CIA	Well A			
Great Western Dril	ling Compar					3	0-005-62	711	
Address									
P.O. Box 1659, Mid	lland, Texas	3 79702			(1)				
Reason(s) for Filing (Check proper box)	Character	in Transporter of:			r (Please explai	<b>A</b> )			
New Well A	ou [	Dry Gas							
Change in Operator	Casinghead Gas [	Condensate							
f change of operator give name									
nd address of previous operator				· · · · · · · · · · · · · · · · · · ·					
I. DESCRIPTION OF WELL A				E			( Leuc		ane No.
Lease Name	Well Ne	• Pool Name, Ia Pecos s	-				Federal octob	NM-15	
Quail Federal	5	Pecos s	STODE	A00		l			002
Location G	. 1,980	Feat Error Th	Nor	th Line	and <u>1,83</u>	0 <b>F</b>	st From The	East	Line
Unit Letter	· · · · · · · · · · · · · · · · · · ·					······································			
Section 22 Township	<u>, 6-S</u>	Range 25	5-E	<u>, N</u>	(PM,		Chaves		County
			סו <b>וירי</b> א						
II. DESIGNATION OF TRANS	OF COR			AL GAS	address to whi	ch approved	copy of this for	m is to be set	u)
	<b>L</b> ]								
Name of Authorized Transporter of Casing	pead Gas	or Dry Gas	<u>x</u> /	<b>Lideress</b> (Give	address to wh	ch approved	copy of this for	m is to be se	u)
If well produces oil or liquids, give location of tanks.	Unit Sec. G 22	6-S 25	5-E	s gas actuaily	No	When		. 3-1-9	0
f this production is commingled with that f V. COMPLETION DATA	rom any other lease								
Designate Type of Completion -		ell Gas W	oli	New Well	Workover	Deepen	Piug Back S	ame Res'v	Diff Res'v
	Date Compl. Ready			X Total Depth		· · · · ·	P.B.T.D.		L
<b>Date Spudded</b> 7-20-89		1-4-90		4	.050'_			3,989'	
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing		1	4 Top Oil/Gas I	'ay		Tubing Depth		
3,879'GR(3,889'KB)		Abo		3	.707'		Depth Casing	3,949'	
Perforations		$(0, b_{-}] = -$					Depth Casing		
Perfs" 3,707'-3,981',	total 69',	G, CASING A		EMENTE	NG RECOR	<u> </u>	<u> </u>	4,050'	
HOLE SIZE		TUBING SIZE		Lat VEA VI L	DEPTH SET		SA		NT
14-3/4"	10-3/4", 32-40			921'K			625 Sxs.	+ 2½ Yds.	Redi-Mix
9-7/8"	7-5/8", 26			1.890'K	BM		275 Sxs. '	I-Ant. 1,	540'Temp.
6-1/2"	4-1/2", 11			<u>4.050'к</u>	BM		240 Sxs, '	<u>T-Cmt. 2</u> ,	880'Temp,
	2-3/8" Tbc	LAND THE PARTY		<u>3.949'</u> К	BM		1		
V. TEST DATA AND REQUES OIL WELL (Test must be after re	T FOR ALLO	ADLE			exceed top allo	wable for this	depth or he fo	r full 24 hour	·z.)
OIL WELL (Test must be after ro Date First New Oil Run To Tank	Date of Test # 44	ng uj juna ou ang		Toducine M	sthod (Flow, pu	mp, gas lift, e	sc.)	/	- /
Dere Liter inche Oli Kult 10. 14114				15 A					
Length of Test	Tubing Pressure	JAN 25	199	haing Frence			Choke Size	•	
Actual Prod. During Test	Oil - Bbls.	4 hrs:		Water - Bals.			Gas- MCF		
GAS WELL		She.	الاي	91					
Actual Prod. Test - MCF/D	Longth of Test	VEL. NEW	r 🖏	tols. Conden	sale/MMCF		Gravity of Co	ndensate	
A.O.F. 1,411 MCF/day		$4\frac{1}{4}$ hrs.			0	<u></u>			
Testing Method (pitot, back pr.)	Tubing Pressure (S		T	Casing Press			Choke Size		
Back Pressure		355 psig			<u>850 p</u>	sig	1/8"-3/	16"-1/4	"-5/16"
VI. OPERATOR CERTIFIC	ATE OF COM	<b>IPLIANCE</b>		6		ISERV	ATION E	DIVISIC	N
I hereby certify that the rules and regulation being being being and an anti-	ations of the Oil Cos	servation given showe							
Division have been complied with and is true and complete to the best of my l	knowledge and belief			Data	Approve	ч			
	-					u			
M. B. Wyen	<u>ノ</u>			By_					
Signature M.B. Myers	Ass't. to	Gen. Sunt		-,_					
Printed Name		Title	-	Title	•				
1-23-90	(915)_682-	5241	_						
Date	1	felephone No.					<u> الأفدار معرود من ا</u>		
المتعالية والمتعادي والمستعمي والمعالي									

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.

:				<u> </u>
	State of Ne Energy, Minerals and Natur		j Is	Form C-104 Revised 1-1-89 Revised actions
O. Box 1980, Hobbs, NM 88240	<b>OIL CONSERVA</b>	TION DIVISION	1	it Bottom of Page
DISTRICT II O. Drawer DD, Artesia, NM 88210	P.O. Bo Santa Fe, New Me	x 2088		IAN 29 <b>'90</b>
<u>)ISTRICT III</u> 000 Rio Brazos Rd., Aztec, NM 87410	REQUEST FOR ALLOWAR		ON	O. C. D.
, .	TO TRANSPORT OIL	AND NATURAL GAS		RTESIA, OFFICE
Operator			Well API No.	
Great Western Dri			30-005-62711	
P.O. Box 1659, Mic Reason(s) for Filing (Check proper box)	dland, Texas 79702	Other (Please explain)	<u> </u>	
New Well	Change in Transporter of:			
Change in Operator	Oil Dry Gas Casinghead Gas Condensate			
f change of operator give name				
ad address of previous operator I. DESCRIPTION OF WELL	AND I FASE			
Lease Name	Well No. Pool Name, Includin	g Formation	Kind of Lease	Lease No.
Quail Federal	5 Pecos slop	e Abo		M-15862
Unit LetterG		rth_Line and1,830	Feet From TheE	astLine
Section 22 Townshi	ip 6–S Range 25–E	, NMPM,	Chaves	County
II. DESIGNATION OF TRAN	NSPORTER OF OIL AND NATUR	RAL GAS		
Name of Authorized Transporter of Oil	or Condensate	Address (Give address to which ap	proved copy of this form is	to be sent)
Name of Authorized Transporter of Casin	ighead Gas or Dry Gas X	Address (Give address to which ap	proved copy of this form is	to be sent)
If well produces oil or liquids, give location of tanks.	Unit      Sec.      Twp.      Rgs.        G      22      6-S      25-E	Is gas actually connected?	When ? Est.	3-1-90
I this production is commingled with that IV. COMPLETION DATA	from any other lease or pool, give commingli		Dive Deals   Come	Res'v Diff Res'v
Designate Type of Completion	Oil Well Ges Well I - (X) X	New Well   Workover   De X	epen   Plug Back  Same	
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	0001
7-20-8 Elevations (DF, RKB, RT, GR, etc.)	89 1-4-90 Name of Producing Formation	4 , 050 ' _ Top Oil/Gas Pay	J, Tubing Depth	989'
3,879'GR(3,889'KB)	Abo	3,707'		949'
Perforations			Depth Casing Sho	° 050'
Perfs" 3,707'-3,981',	TUBING, CASING AND	CEMENTING RECORD	<u> </u>	0.50
HOLE SIZE /	CASING & TUBING SIZE	DEPTH SET		SCEMENT
14-3/4"	10-3/4", 32-40.5-51#	921'KBM		<sup>1</sup> <u>7</u> Yds. Redi-Mix mt. 1,540'Temp. S
9-7/8"	7-5/8", 26.40# 4-1/2", 11.6#	1,890'KBM 4,050'KBM		mt. 2,880'Temp. 5
6-1/2"	2-3/8" Tbg.	3,949'KBM		
V. TEST DATA AND REQUE	ST FOR ALLOW ABLE	The equal to an exceed top allowable	for this depth or he for ful	124 hours.)
OIL WELL (Test must be after Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, g	as lift, etc.)	
		Follo		
Length of Test	Tubing Fressure	Cathe Pressure	Choke Size	-
Actual Prod. During Test	Oil - Bba. 1990	Water Bbis.	Gas- MCF	
GAS WELL			<u>L</u>	
Actual Prod. Test - MCF/D	Longth of Test	Bois. Condensate/MMCF	Gravity of Conde	nstie
A.O.F. 1,411 MCF/da	y 44 hrs.	Casing Pressure (Shut-in)	Choke Size	
Testing Method (pilot, back pr.) Back Pressure	Tubing Pressure (Shut-in) 855 psig	850 psic		"-1/4"-5/16"
VL OPERATOR CERTIFIC				
I hereby certify that the rules and regulation have been complied with an	ulations of the Oil Conservation d that the information given above		ERVATION DIV	121014
is true and complete to the best of my		Date Approved _		
Simalum	<u>~</u>	Ву		
Signature M.B. Myers	Ass't. to Gen. Supt.			
Printed Name	Tile (915) 682-5241	Title		
<u>1-23-90</u> Date	Telephone No.			
الموالية والمتحدث فمعادية والمتعادي والمتعا		Dula 1104		

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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.

:								1
Submit 5 Copies				ew Mexico				Form C-104
Appropriate District Office	Ener	gy, Min	erals and Nati	ural Resourc	es Departme	nt		Revised 1-1-89 See Instructions
P.O. Box 1980, Hobbs, NM 88240			NSERVA	TIONT	MAGIO	NT		at Bottom of Page
DISTRICT II	, On	LCO		ox 2088	12101			
P.O. Drawer DD, Artenia, NM 88210		Santa	Fe, New M		4-2088			JAN 29 '30
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410			•					
			ALLOWAE					Q, Ç, D.
I	TO	TRANS	SPORT OIL	AND NA	IURAL GA		Pl No.	ARTESIA, OFFICE
Operator	lling Com							711
Great Western Dri		Jany					0-005-627	
P.O. Box 1659, Mi	dland, Tex	kas 7	9702					
Reason(s) for Filing (Check proper box)				Other	ur (Piease expia	in)		
New Well 🔛	Oil		asporter of: y Gas					
Change in Operator	Casinghead Ga		odensate					
If change of operator give name and address of previous operator								
• •		•						<u>.</u>
II. DESCRIPTION OF WELL			ol Name, Includi	ng Formation		Kind o	( Lesse	Lease No.
Quail Federal			ecos slor	-		State,	Federal OCCEPE	NM-15862
Location								
Unit LetterG	: 1,980	Fe	at From The No.	orth_Lim	and <u>1,83</u>	<u>0</u> Fo	et From The	East Line
		-		20	TAL		(h	C
Section 22 Townsh	ip 6-S	Ka	<b>nge</b> 25-E	, NI	MPM,	••••••••••••••••••••••••••••••••••••••	<u>Chaves</u>	County
III. DESIGNATION OF TRAN	ISPORTER C	FOIL	AND NATU					
Name of Authorized Transporter of Oil		Condensate			e address to whi	ich approved	copy of this form	n is 10 be sent)
Name of Authorized Transporter of Casin	abend Gas		Dry Gas X	Address (Giv	e oddress to whi	ich annraud	copy of this form	is to be sent)
Nume de Adahonzes Transporter de Cana		~						
If well produces oil or liquids,	Unit Sec.	.  Tw	/p. Rgs.	Is gas actually	y connected?	When	?	
give location of tanks.			-S 25-E		No		Est	. 3-1-90
If this production is commingled with that IV. COMPLETION DATA	from any other les	ase or pool	l, give comming!	ing order num	Der:			<u> </u>
IV. COMPLETION DATA	loi	l Well	Gas Well	New Well	Workover	Deepen	Plug Back Sa	me Res'v Diff Res'v
Designate Type of Completion			x	X				
Date Spudded	Date Compl. Re	eady to Pro		Total Depth			P.B.T.D.	· · · · · · · · · · · · · · · · · · ·
7-20-8			-90	4 Top Oil/Ges	, <u>050'_</u>			3,989'
Elevations (DF, RKB, RT, GR, etc.)	Name of Produc	-			.707'		Tubing Depth	2 0401
3,879'GR(3,889'KB)	<u> </u>	Abc	)	<u> </u>	. 101		Depth Casing S	3,949 ' ihoe
Perfs" 3,707'-3,981',	total 69'	, 69 h	noles					4,050'
	TUB	ING, CA	ASING AND	CEMENTI		D		
HOLE SIZE				001.00	DEPTH SET		the second s	CKS CEMENT
14-3/4"	<u>10-3/4",32</u> 7-5/8",			921'K				2½ Yds. Redi-Mix Y-Ont. 1,540'Temp. 8
<u>9-7/8"</u> 6-1/2"	$\frac{7-5/8}{4-1/2}$		<u>+</u>	4.050'K				-Cmt. 2,880'Temp.
0-1/2	2-3/8" T			3.949'K				
V. TEST DATA AND REQUE	ST FOR ALL	OWAB	A LAND	16.2				
OIL WELL (Test must be after t		olumetotile	oad oil and miss		exceed top allo			full 24 hours.)
Date First New Oil Run To Tank	Date of Test				маль ( <i>г ю</i> ж, ри	··ψ, <b>ε</b> αι 191, <b>e</b>	···/	
Length of Test	Tubing Pressure	13		Caury Profil	Lee		Choke Size	-
		Ì	JAN 251					
Actual Prod. During Test	Oil - Bbls.	1		Water - Bbls.		_	Gas- MCF	
	1	13			1		ł	
GAS WELL		13 m	·		minAA ICE		Gravity of Con	densate
Actual Prod. Test - MCF/D	Longth of Test		LANEW Y	ALL COOM	MMCF		Chaving of Con	
A.O.F. 1,411 MCF/day Testing Method (pilol. back pr.)	Tubing Pressure	4 (Shut-in)	4 ILBrahanser	Casing Press			Choke Size	
Back Pressure		855 p			<u>850 p</u>	sig	1/8"-3/1	6"-1/4"-5/16"
VI. OPERATOR CERTIFIC	ATE OF CO				-	•		
I hereby certify that the rules and regu	lations of the Oil (	Conservati	00			DERV	ATION D	IVISION
Division have been complied with and is true and complete to the best of my	that the informati	on given a	bove	-	•			
is the and complete to the best of my	MONITORS and DE	. 1999		Date	Approved	d		
pr the yr in	$\mathbf{c}$							
Signature				By_				
Signature M.B. Myers	Ass't. t	o Gen. Ta						
Printed Name 1-23-90	(915)_68			Title				<u> </u>
 Date		Telepho	ne No.					
				Dula 1104				

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.

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.