

OIL CONSERVATION DIVISION

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

JAN 25 1990

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210
DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Q. C. D.
ARTESIA, OFFICE

Operator Great Western Drilling Company		Well API No. 30-005-62711
Address P.O. Box 1659, Midland, Texas 79702		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
New Well <input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>
If change of operator give name and address of previous operator		

II. DESCRIPTION OF WELL AND LEASE

Lease Name Quail Federal	Well No. 5	Pool Name, including Formation Pecos slope Abo	Kind of Lease State, Federal or Other	Lease No. NM-15862
Location Unit Letter G : 1,980 Feet From The North Line and 1,830 Feet From The East Line Section 22 Township 6-S Range 25-E, NMPM Chaves County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" 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 G	Sec. 22	Twp. 6-S	Rge. 25-E	Is gas actually connected? No	When? Est. 3-1-90
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
		X	X					
Date Spudded 7-20-89	Date Compl. Ready to Prod. 1-4-90		Total Depth 4,050'		P.B.T.D. 3,989'			
Elevations (DF, RKB, RT, GR, etc.) 3,879' GR (3,889' KB)	Name of Producing Formation Abo		Top Oil/Gas Pay 3,707'		Tubing Depth 3,949'			
Performances Perfs" 3,707'-3,981', total 69', 69 holes					Depth Casing Shoe 4,050'			

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
14-3/4"	10-3/4", 32-40.5-51#	921' KBM	625 Sxs. + 2 1/2 Yds. Redi-Mix
9-7/8"	7-5/8", 26.40#	1,890' KBM	275 Sxs. T-Cont. 1,540' Temp. S
6-1/2"	4-1/2", 11.6#	4,050' KBM	240 Sxs. T-Cont. 2,880' Temp. S
	2-3/8" Tbg.	3,949' KBM	

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
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas- MCF

GAS WELL

Actual Prod. Test - MCF/D A.O.F. 1,411 MCF/day	Length of Test 4 1/4 hrs.	Bbls. Condensate/MMCF 0	Gravity of Condensate
Testing Method (prior, back pr.) Back Pressure	Tubing Pressure (Shut-in) 855 psig	Casing Pressure (Shut-in) 850 psig	Choke Size 1/8"-3/16"-1/4"-5/16"

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
M.B. Myers
Printed Name
1-23-90
Date
Ass't. to Gen. Supt.
Title
(915) 682-5241
Telephone No.

OIL CONSERVATION DIVISION

Date Approved
By
Title

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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- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.

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

RECEIVED Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

OIL CONSERVATION DIVISION

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

JAN 29 '90

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

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

O. C. D.
ARTESIA OFFICE

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator Great Western Drilling Company ✓		Well API No. 30-005-62711
Address P.O. Box 1659, Midland, Texas 79702		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
New Well <input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>
If change of operator give name and address of previous operator		

II. DESCRIPTION OF WELL AND LEASE

Lease Name Quail Federal	Well No. 5	Pool Name, including Formation Pecos slope Abo	Kind of Lease State, Federal or X Private	Lease No. NM-15862
Location Unit Letter G : 1,980 Feet From The North Line and 1,830 Feet From The East Line Section 22 Township 6-S Range 25-E, NMPM, Chaves County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" 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 G	Sec. 22	Twp. 6-S	Rge. 25-E	Is gas actually connected? No	When? Est. 3-1-90
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
		X	X					
Date Spudded 7-20-89	Date Compl. Ready to Prod. 1-4-90		Total Depth 4,050'		P.B.T.D. 3,989'			
Elevations (DF, RKB, RT, GR, etc.) 3,879' GR (3,889' KB)	Name of Producing Formation Abo		Top Oil/Gas Pay 3,707'		Tubing Depth 3,949'			
Perforations Perfs" 3,707'-3,981', total 69', 69 holes					Depth Casing Shoe 4,050'			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
14-3/4"	10-3/4", 32-40.5-51#		921' KBM		625 Sxs. + 2 1/2 Yds. Redi-Mix			
9-7/8"	7-5/8", 26.40#		1,890' KBM		275 Sxs. T-Cnt. 1,540' Temp. S			
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	2-3/8" Tbg.		3,949' KBM					

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 full 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
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D A.O.F. 1,411 MCF/day	Length of Test 4 1/4 hrs.	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (pilot, back pr.) Back Pressure	Tubing Pressure (Shut-in) 855 psig	Casing Pressure (Shut-in) 850 psig	Choke Size 1/8"-3/16"-1/4"-5/16"

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
M.B. Myers
Printed Name
1-23-90
Date
Ass't. to Gen. Supt.
Title
(915) 682-5241
Telephone No.

OIL CONSERVATION DIVISION

Date Approved
By
Title

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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- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.

Submit 5 Copies
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P.O. Drawer DD, Artesia, NM 88210

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

State of New Mexico
Energy, Minerals and Natural Resources Department

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

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

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JAN 29 '90

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator Great Western Drilling Company ✓		Well API No. 30-005-62711	C. D. DISTRICT OFFICE
Address P.O. Box 1659, Midland, Texas 79702			
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)			
New Well <input checked="" type="checkbox"/>	Change in Transporter of:		
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>	
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>	
If change of operator give name and address of previous operator			

II. DESCRIPTION OF WELL AND LEASE

Lease Name Quail Federal	Well No. 5	Pool Name, including Formation Pecos slope Abo	Kind of Lease State, Federal or Private	Lease No. NM-15862
Location Unit Letter G : 1,980 Feet From The North Line and 1,830 Feet From The East Line Section 22 Township 6-S Range 25-E, NMPM, Chaves County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" 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 G	Sec. 22	Twp. 6-S	Rge. 25-E	Is gas actually connected? No	When? Est. 3-1-90
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
		X	X					
Date Spudded 7-20-89	Date Compl. Ready to Prod. 1-4-90		Total Depth 4,050'		P.B.T.D. 3,989'			
Elevations (DF, RKB, RT, GR, etc.) 3,879' GR (3,889' KB)	Name of Producing Formation Abo		Top Oil/Gas Pay 3,707'		Tubing Depth 3,949'			
Perforations Perfs" 3,707'-3,981', total 69', 69 holes					Depth Casing Shoe 4,050'			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
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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
Length of Test	Tubing Pressure
Actual Prod. During Test	Oil - Bbls.
Producing Method (Flow, pump, gas lift, etc.)	
Choke Size	
Gas - MCF	

GAS WELL

Actual Prod. Test - MCF/D A.O.F. 1,411 MCF/day	Length of Test 4 1/2 hrs.	Bbls. Condensate/MMCF 0	Gravity of Condensate ---
Testing Method (prior, back pr.) Back Pressure	Tubing Pressure (Shut-in) 855 psig	Casing Pressure (Shut-in) 850 psig	Choke Size 1/8"-3/16"-1/4"-5/16"

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
M.B. Myers
Printed Name
1-23-90
Date
Ass't. to Gen. Supt.
(915) 682-5241
Telephone No.

OIL CONSERVATION DIVISION

Date Approved

By

Title

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State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088
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Revised 1-1-89
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at Bottom of Page

JAN 29 '90

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

O. C. D.
ARTESIA, OFFICE

Operator Great Western Drilling Company		Well API No. 30-005-62711
Address P.O. Box 1659, Midland, Texas 79702		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
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Actual Prod. During Test	Oil - Bbls.	Water - Bbls.
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Actual Prod. Test - MCF/D A.O.F. 1,411 MCF/day	Length of Test 4 hrs.	Bbls. Condensate/MMCF 0	Gravity of Condensate ---
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Signature
M.B. Myers
Ass't. to Gen. Supt.
Printed Name
1-23-90
Date
(915) 682-5241
Telephone No.

OIL CONSERVATION DIVISION

Date Approved
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Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION
P.O. Box 2088
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Signature
M.B. Myers
Printed Name
1-23-90
Date
Ass't. to Gen. Supt.
(915) 682-5241
Telephone No.

OIL CONSERVATION DIVISION

Date Approved _____

By _____

Title _____

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O. C. D.
ARTESIA, OFFICE

Operator Great Western Drilling Company	Well API No. 30-005-62711
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Recompletion <input type="checkbox"/>	
Change in Operator <input type="checkbox"/>	
If change of operator give name and address of previous operator	

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Lease Name Quail Federal	Well No. 5	Pool Name, including Formation Pecos slope Abo	Kind of Lease State, Federal or Private	Lease No. NM-15862
Location Unit Letter <u>G</u> : <u>1,980</u> Feet From The <u>North</u> Line and <u>1,830</u> Feet From The <u>East</u> Line Section <u>22</u> Township <u>6-S</u> Range <u>25-E</u> , <u>NMPM</u> , <u>Chaves</u> County				

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" 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. Twp. Rge. Is gas actually connected? When ? <u>G</u> <u>22</u> <u>6-S</u> <u>25-E</u> <u>No</u> <u>Est. 3-1-90</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
		X	X					
Date Spudded 7-20-89	Date Compl. Ready to Prod. 1-4-90	Total Depth 4,050'	P.B.T.D. 3,989'					
Elevations (DF, RKB, RT, GR, etc.) 3,879' GR (3,889' KB)	Name of Producing Formation Abo	Top Oil/Gas Pay 3,707'	Tubing Depth 3,949'					
Perforations Perfs" 3,707'-3,981', total 69', 69 holes		Depth Casing Shoe 4,050'						

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
14-3/4"	10-3/4", 32-40.5-51#	921' KBM	625 Sxs. + 2 1/2 Yds. Redi-Mix
9-7/8"	7-5/8", 26.40#	1,890' KBM	275 Sxs. T-Cnt. 1,540' Temp. S
6-1/2"	4-1/2", 11.6#	4,050' KBM	240 Sxs. T-Cnt. 2,880' Temp. S
	2-3/8" Tbg.	3,949' KBM	

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
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.

GAS WELL		
Actual Prod. Test - MCF/D A.O.F. 1,411 MCF/day	Length of Test 4 1/2 hrs.	Bbls. Condensate/MMCF 0
Testing Method (prior, back pr.) Back Pressure	Tubing Pressure (Shut-in) 855 psig	Casing Pressure (Shut-in) 850 psig
		Gravity of Condensate ---
		Choke Size 1/8"-3/16"-1/4"-5/16"

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.

M.B. Myers
Signature
M.B. Myers
Printed Name
1-23-90
Date
Ass't. to Gen. Supt.
Title
(915) 682-5241
Telephone No.

OIL CONSERVATION DIVISION

Date Approved _____

By _____

Title _____

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.

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

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

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

State of New Mexico
Energy, Minerals and Natural Resources Department

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

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

JAN 29 80

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

O. C. D.
ARTESIA, OFFICE

Operator Great Western Drilling Company	Well API No. 30-005-62711
Address P.O. Box 1659, Midland, Texas 79702	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
If change of operator give name and address of previous operator	

II. DESCRIPTION OF WELL AND LEASE

Lease Name Quail Federal	Well No. 5	Pool Name, Including Formation Pecos slope Abo	Kind of Lease State, Federal or Other	Lease No. NM-15862
Location Unit Letter G : 1,980 Feet From The North Line and 1,830 Feet From The East Line Section 22 Township 6-S Range 25-E, NMPM, Chaves County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" 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 G	Sec. 22	Twp. 6-S	Rgs. 25-E	Is gas actually connected? No	When? Est. 3-1-90
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
		X	X					
Date Spudded 7-20-89	Date Compl. Ready to Prod. 1-4-90		Total Depth 4,050'		P.B.T.D. 3,989'			
Elevations (DF, RKB, RT, GR, etc.) 3,879' GR (3,889' KB)	Name of Producing Formation Abo		Top Oil/Gas Pay 3,707'		Tubing Depth 3,949'			
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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
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D A.O.F. 1,411 MCF/day	Length of Test 4 1/2 hrs.	Oil - Condensate/MMCF 0	Gravity of Condensate ---
Testing Method (pilot, back pr.) Back Pressure	Tubing Pressure (Shut-in) 855 psig	Casing Pressure (Shut-in) 850 psig	Choke Size 1/8"-3/16"-1/4"-5/16"

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.

M.B. Myers
Signature
M.B. Myers
Printed Name
1-23-90
Date
Ass't. to Gen. Supt.
Title
(915) 682-5241
Telephone No.

OIL CONSERVATION DIVISION

Date Approved _____

By _____

Title _____

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