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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 25 '90

O. C. D.
ARTESIA, OFFICE

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator Great Western Drilling Company	Well API No. 30-005-62712
Address P.O. Box 1659, Midland, Texas 79702	
Reason(s) for Filing (Check proper box) <input checked="" type="checkbox"/> New Well <input type="checkbox"/> Change in Transporter of: <input type="checkbox"/> Recompletion <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> <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 COM.	Well No. 6	Pool Name, including Formation Pecos Slope Abo	Kind of Lease State, Federal, Private	Lease No. NM-15862
Location Unit Letter J : 1,980 Feet From The South Line and 1,880 Feet From The East Line Section 15 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 Sec. Twp. Rge. Is gas actually connected? When ? J 15 6-S 25-E No Est. 3-1-90

If this production is commingled with that from any other lease or pool, give commingling order number:

V. 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 8-13-89	Date Compl. Ready to Prod. 1-6-90	Total Depth 4,050'	P.B.T.D. 4,047'					
Elevations (DF, RKB, RT, GR, etc.) 3,901'GR (3,911'KB)	Name of Producing Formation Abo	Top Oil/Gas Pay 3,714'	Tubing Depth 3,999'					
Perforations Perfs: 3,714'-4,001', total 74', 74 holes			Depth Casing Shoe 4,050'					

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
4-3/4"	10-3/4", 40.5#	920' KBM	575 Sxs.-Cmt. Circ.
3-7/8"	7-5/8", 26.4#	1,823' KBM	275 Sxs., T-Cmt., 1,000' T-Surv.
3-1/2"	4-1/2", 10.5-11.6#	4,050' KBM	200 Sxs., T-Cmt., 3,110' T-Surv.
	2-3/8" Tbg.	3,999' KBM	

VI. 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	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
A.O.F. 3,617 MCF/day	4 hrs.	0	---
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
Back Pressure	930 psig	930 psig	1/8"-3/16"-7/32"-1/4"

VII. 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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- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
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P.O. Box 1980, Hobbs, NM 88240

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Energy, Minerals and Natural Resources Department

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Revised 1-1-89
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OIL CONSERVATION DIVISION

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

RECEIVED

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

JAN 29 '90

Operator Great Western Drilling Company	Well API No. 30-005-62742 D.
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 COM.	Well No. 6	Pool Name, including Formation Pecos Slope Abo	Kind of Lease State, Federal or Foreign	Lease No. NM-15862
Location Unit Letter J : 1,980 Feet From The South Line and 1,880 Feet From The East Line Section 15 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 J	Sec. 15	Twsp. 6-S	Rgn. 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 8-13-89	Date Compl. Ready to Prod. 1-6-90	Total Depth 4,050'		P.B.T.D. 4,047'				
Elevations (DF, RKB, RT, GR, etc.) 3,901'GR (3,911'KB)	Name of Producing Formation Abo		Top Oil/Gas Pay 3,714'		Tubing Depth 3,999'			
Perforations Perfs: 3,714'-4,001', total 74', 74 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", 40.5#	920' KBM	575 Sxs.-Cmt. Circ.
9-7/8"	7-5/8", 26.4#	1,823' KBM	275 Sxs., T-Cmt., 1,000' T-Surv.
6-1/2"	4-1/2", 10.5-11.6#	4,050' KBM	200 Sxs. T-Cmt., 3,110' T-Surv.
	2-3/8" Tbg.	3,999' 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. 3,617 MCF/day	Length of Test 4 hrs.	Bbls. Condensate/MMCF 0	Gravity of Condensate ---
Testing Method (pilot, back pr.) Back Pressure	Tubing Pressure (Shut-in) 930 psig	Casing Pressure (Shut-in) 930 psig	Choke Size 1/8"-3/16"-7/32"-1/4"

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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JAN 29 '90

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator Great Western Drilling Company	Well API No. 30-005-62712
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	

I. DESCRIPTION OF WELL AND LEASE

Lease Name Quail Federal COM.	Well No. 6	Pool Name, including Formation Pecos Slope Abo	Kind of Lease State, Federal or Foreign	Lease No. NM-15862
Location Unit Letter J : 1,980 Feet From The South Line and 1,880 Feet From The East Line Section 15 Township 6-S Range 25-E, NMPM, Chaves 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 ?
	J 15 6-S 25-E No Est. 3-1-90
If this production is commingled with that from any other lease or pool, give commingling order number:	

V. 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 8-13-89	Date Compl. Ready to Prod. 1-6-90	Total Depth 4,050'	P.B.T.D. 4,047'					
Elevations (DF, RKB, RT, GR, etc.) 3,901'GR (3,911'KB)	Name of Producing Formation Abo	Top Oil/Gas Pay 3,714'	Tubing Depth 3,999'					
Perforations		Depth Casing Shoe 4,050'						
Perfs: 3,714'-4,001', total 74', 74 holes								

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
4-3/4"	10-3/4", 40.5#	920' KBM	575 Sxs.-Omt. Circ.
3-7/8"	7-5/8", 26.4#	1,823' KBM	275 Sxs., T-Omt., 1,000' T-Surv.
2-1/2"	4-1/2", 10.5-11.6#	4,050' KBM	200 Sxs. T-Omt., 3,110' T-Surv.
	2-3/8" Tbg.	3,999' KBM	

VI. 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. 3,617 MCF/day	Length of Test 4 hrs.	Boiler Condensate/MMCF 0	Gravity of Condensate ---
Testing Method (pilot, back pr.) Back Pressure	Tubing Pressure (Shut-in) 930 psig	Casing Pressure (Shut-in) 930 psig	Choke Size 1/8"-3/16"-7/32"-1/4"

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

OIL CONSERVATION DIVISION

Date Approved _____

By _____

Title _____

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

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P.O. Box 2088
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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. 30-005-62712	O. C. D. ARTESIA 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		

I. DESCRIPTION OF WELL AND LEASE

Lease Name Quail Federal COM.	Well No. 6	Pool Name, including Formation Pecos Slope Abo	Kind of Lease State <input checked="" type="checkbox"/> Federal <input checked="" type="checkbox"/> Private <input checked="" type="checkbox"/>	Lease No. NM-15862
Location Unit Letter J : 1,980 Feet From The South Line and 1,880 Feet From The East Line Section 15 Township 6-S Range 25-E, NMPM, Chaves 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 J	Sec. 15	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:						

V. 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 8-13-89	Date Compl. Ready to Prod. 1-6-90	Total Depth 4,050'		P.B.T.D. 4,047'				
Elevations (DF, RKB, RT, GR, etc.) 3,901'GR (3,911'KB)	Name of Producing Formation Abo	Top Oil/Gas Pay 3,714'		Tubing Depth 3,999'				
Perforations Perfs: 3,714'-4,001', total 74', 74 holes				Depth Casing Shoe 4,050'				

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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	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. 3,617 MCF/day	Length of Test 4 hrs.	Bbls. Condensate/MMCF 0	Gravity of Condensate ---
Testing Method (pilot, back pr.) Back Pressure	Tubing Pressure (Shut-in) 930 psig	Casing Pressure (Shut-in) 930 psig	Choke Size 1/8"-3/16"-7/32"-1/4"

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

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JAN 29 '90

**REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS**

O. C. D.

Operator Great Western Drilling Company ✓		Well API No. ARTESIA Office 30-005-62712
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:	
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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)
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If this production is commingled with that from any other lease or pool, give commingling order number.	

V. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
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GAS WELL

Actual Prod. Test - MCF/D A.O.F. 3,617 MCF/day	Length of Test 4 hrs.	Bbls. Condensate/MMCF 0	Gravity of Condensate ---
Testing Method (pilot, back pr.) Back Pressure	Tubing Pressure (Shut-in) 930 psig	Casing Pressure (Shut-in) 930 psig	Choke Size 1/8"-3/16"-7/32"-1/4"

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

OIL CONSERVATION DIVISION

Date Approved _____
By _____
Title _____

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REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

O. C. D.
ARTESIA, OFFICE

Operator Great Western Drilling Company	Well API No. 30-005-62712
Address P.O. Box 1659, Midland, Texas 79702	
Reason(s) for Filing (Check proper box) <input checked="" type="checkbox"/> New Well <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Operator <input type="checkbox"/> Other (Please explain)	
Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
If change of operator give name and address of previous operator	

I. DESCRIPTION OF WELL AND LEASE

Lease Name Quail Federal COM.	Well No. 6	Pool Name, including Formation Pecos Slope Abo	Kind of Lease State, Federal or Private	Lease No. NM-15862
Location Unit Letter J : 1,980 Feet From The South Line and 1,880 Feet From The East Line Section 15 Township 6-S Range 25-E, NMPM, Chaves 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 ? J 15 6-S 25-E No Est. 3-1-90
If this production is commingled with that from any other lease or pool, give commingling order number:	

V. 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 8-13-89	Date Compl. Ready to Prod. 1-6-90	Total Depth 4,050'	P.B.T.D. 4,047'					
Elevations (DF, RKB, RT, GR, etc.) 3,901'GR (3,911'KB)	Name of Producing Formation Abo	Top Oil/Gas Pay 3,714'	Tubing Depth 3,999'					
Perforations Perfs: 3,714'-4,001', total 74', 74 holes		Depth Casing Shoe 4,050'						

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
4-3/4"	10-3/4", 40.5#	920' KBM	575 Sxs.-Omt. Circ.
3-7/8"	7-5/8", 26.4#	1,823' KBM	275 Sxs., T-Omt., 1,000' T-Surv.
2-1/2"	4-1/2", 10.5-11.6#	4,050' KBM	200 Sxs. T-Omt. 3,110' T-Surv.
	2-3/8" Tbg.	3,999' 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
Length of Test	Tubing Pressure
Actual Prod. During Test	Oil - Bbls.
Producing Method (Flow, pump, gas lift, etc.)	
Casing Pressure	
Choke Size	
Gas-MCF	

GAS WELL	
Actual Prod. Test - MCF/D A.O.F. 3,617 MCF/day	Length of Test 4 hrs.
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)
Back Pressure	930 psig
Bbls. Condensate/MMCF 0	Gravity of Condensate
Casing Pressure (Shut-in)	Choke Size
930 psig	1/8"-3/16"-7/32"-1/4"

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
Title
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
000 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

RECEIVED

JAN 29 '90

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator Great Western Drilling Company	Well API No. 30-00562712 O.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: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Recompletion <input type="checkbox"/>	
Change in Operator <input type="checkbox"/>	
If change of operator give name and address of previous operator	

I. DESCRIPTION OF WELL AND LEASE

Lease Name Quail Federal CCM.	Well No. 6	Pool Name, including Formation Pecos Slope Abo	Kind of Lease State Federal <input checked="" type="checkbox"/> Fee	Lease No. NM-15862
Location Unit Letter J : 1,980 Feet From The South Line and 1,880 Feet From The East Line Section 15 Township 6-S Range 25-E, NMPM, Chaves County				

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If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rga. Is gas actually connected? When ? J 15 6-S 25-E No 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					
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Perforations		Depth Casing Shoe 4,050'						
Perfs: 3,714'-4,001', total 74', 74 holes								

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	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. 3,617 MCF/day	Length of Test 4 HRS.	Bbls. Condensate/MMCF 0	Gravity of Condensate ---
Testing Method (pilot, back pr.) Back Pressure	Tubing Pressure (Shut-in) 930 psig	Casing Pressure (Shut-in) 930 psig	Choke Size 1/8"-3/16"-7/32"-1/4"

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

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