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State of New Mexico  
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

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

RECEIVED

JUN 8 '90

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

Operator	Well API No.
Deans Inc. /	30-005-62761
Address	
P.O. Box 457, Artesia N.M. 88210	
Reason(s) for Filing (Check proper box)	Other (Please explain)
Well <input checked="" type="checkbox"/>	
Completion <input type="checkbox"/>	Change in Transporter of:
Change in Operator <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Name of operator give name	
Address of previous operator	

DESCRIPTION OF WELL AND LEASE

Well Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Valley B State	1	Brown Queen Grayburg	State, Federal or Private	V1362
Location				
Unit Letter	H	2310	Feet From The	North Line and 660
			Feet From The	East Line
Section	27	Township	10 South	Range
			26 East	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)
Wajo Refining		P.O. Drawer 159, Artesia, N.M. 88210
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)
N/A		
Does it produce oil or liquids, location of tanks.	Unit	Sec.
	H	27
		10S
		26E
Is gas actually connected?	No	When?

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

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v <input type="checkbox"/>	Diff Res'v <input type="checkbox"/>
Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
31-90	5-31-90	830'	821'					
Measurements (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil Gas Pay	Tubing Depth					
102.0 G.L.	Penrose	577'	792'					
Measurements			Depth Casing Shoe					
holes 577' to 730'			830'					

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
3/4"	5 1/2", <del>2 3/8"</del>	830'	Circulate to surface
			Post ID-2
			6-22-90
			comp & BR

TEST DATA AND REQUEST FOR ALLOWABLE

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.)	
17-90	5-18-90	Pump 2"x1 1/2"x8' RWTC-TB	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
4 hours	pump	negl.	n/a
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF
	14	2	TSTM

AS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MCF	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 Mike Deans  
Printed Name Mike Deans Gen. Manager  
Date 6-7-90 Telephone No. 748-3400

OIL CONSERVATION DIVISION

Date Approved JUN 1 9 1990

By ORIGINAL SIGNED BY  
MIKE WILLIAMS  
Title SUPERVISOR, DISTRICT 19

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.