Subirit 5 Copies Appropriate District Office DISTRICT II 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 I. Operator Great Western Drilling Address P.O. Box 1659, Midland, Reason(s) for Filing (Check proper box) New Well Recompletion Change in Operator give name and zodress of previous operator I. DESCRIPTION OF WELL A	, TX 79702 Change in Transporter of: Oil Dry Gas Casinghead Gas Condensate	I Resources Department ION DIVISION 2088 ico 87504-2088 E AND AUTHORIZATI	RECEIVED AUG 0 6 199 O. C. D. ONARTESIA, OFFICE Well API No. 30-00562802	•
Lesse Name Quail Federal	Well No. Pool Name, Including 8 Pecos Slope		Kind of Lease XXXX, Federal XXXXX	Lease No. NM-15862
Location Unit Letter P Section 4 Township		, NMPM,	Feet From The Chaves	East Line
Name of Authorized Transporter of Casing	or Condensate	Address (Give address to which a Address (Give address to which a		
If well produces cil or liquids, give location of tanks.		Is gas actually connected?	When? Est. 1	0-1-91
IV. COMPLETION DATA Designate Type of Completion Date Spudded 3-17-91 Elevations (DF, RKB, RT, GR, etc.) 3, 998' RT	- (X) X	New Weil Workover I X Total Depth 4,100' RTM Top OiVGas Pay 3,770'	P.B.T.D. Tubing Depth	4,052' RTM 4,029'
Perforations	total 57', 57 holes TUBING, CASING AND	CEMENTING RECORD	Depth Casing S	4,100'
HOLE SIZE	CASING & TUEING SIZE	DEPTH SET	575 Sxs.	CKS CEMENT
14-3/4" 7-7/8"	4-1/2", 11.5# 2-3/8" Tbg.	4,100' RTM 4,029' RTM		T-Cmt. 3,100'
V. TEST DATA AND REQUE OIL WELL (Test must be after Date First New Oil Run To Tank	ST FOR ALLOWABLE recovery of total volume of load oil and must Date of Test	Producing Method (Flow, pump	, gas ly1, e!c.)	full 24 hours.)
Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas- MCF	
Actual Prod. Test - MCF/D	Length of Test 4-1/2 hrs.	Bbis. Condensate/MMCF	Gravity of Co	ndensate O
A.O.F. 854 MCF/D Testing Method (pitcl. back pr.)	Tubing Pressure (Shut-m)	Casing Pressure (Shut-in)	Choke Size	
Back Pressure VI. OPERATOR CERTIFIC I hereby certify that the rules and reg Division have been complied with and is true and complete to the best of m M.B. Mugu	y knowledge and belief.	Date Approved	SERVATION (<u>16"-7/32"-1/4"</u> DIVISION
Signature	Asst. to Gen. Supt.	Ву		
M.B. Myers Printed Name	Title	Title		

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.

Lubirit 5 Copies Appropriate District Office <u>JISTRICT 1</u> O. Box 1980, Hoobs, NM 88240 DISTRICT II	State of New Mexico Energy, Minerals and Natural Resources Department OIL CONSERVATION DIVISION P.O. Box 2088		RECEIVED Form C-104 Revised 1-1-89 See Instructions AUG 0 6 199 t Bottom of Page	
O. Drawer DD, Arlesia, NM 88210	Santa Fe, New Me		O. C. D. ARTESIA, OFFICI	E
<u>DISTRICT III</u> 000 Ric Brazos Rd., Aztec, NM 87410	REQUEST FOR ALLOWAB		FION	
• Operator	TO TRANSPORT OIL	AND NATURAL GAS	Weil API No.	
Great Western Drillin	g Company		30-00562802	
Address				
P.O. BOX 1659, Midland Reason(s) for Filing (Check proper box)	d, TX 79702	Other (Please explain)		· · · · · · · · · · · · · · · · · · ·
New Well	Change in Transporter of: Oil Dry Gas			
Recompletion Change in Operator	Casinghead Gas Condensate			
f change of operator give same and eddress of previous operator				
1. DESCRIPTION OF WELL	AND LEASE			
Lesse Name	Weil No. Pool Name, Includi:		Kind of Lesse XXXX, Federal XXXXX	Lease No.
Quail Federal	8 Pecos Slope			NM-15862
Unit LetterP		South Line and 900	Feet From The	East Line
Section 4 Townsh	ip 6-S Range 25-E	, NMPM,	Chaves	County
	VSPORTER OF OIL AND NATU	RAL GAS Address (Give address 10 which	approved copy of this form	s is to be sent)
Name of Authorized Transporter of Casin	nghead Gas or Dry Gas	Address (Give address to which	approved copy of this form	t is to be sent)
If well produces cil or liquids, rive location of tanks.	P 4 6-S 25-E	is gas actually connected? NO	When? Est. 1	0-1-91
f this production is commingled with the V. COMPLETION DATA	t from any other lease or pool, give comming	ing order number:		.
Designate Type of Completion		New Well Workover	Deepen Plug Back Sa	me Res'v Diff Res'v
Date Spidded 3- 17-91	Date Compl. Ready to Prod. 7-2 -91		P.B.T.D.	4,052' RTM
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	4,100' RTM Top Oil/Gas Pay	Tubing Depth	4,052 1011
3,998' RT	Abo	3,770'	Depth Casing S	4,029'
Perfs: 3,770'-4,029',	total 57', 57 holes			4,100'
	TUBING, CASING AND CASING & TUBING SIZE	CEMENTING RECORD		CKS CEMENT
HOLE SIZE	10-3/4", 40.5#	910' RTM	575 Sxs.	
7-7/8"	4-1/2", 11.5#	4,100' RTM		T-Cmt. 3,100
	2-3/8" Tbg.	4,029' RTM		
Y. TEST DATA AND REQUE OIL WELL (Test must be after Date First New Oil Run To Tank	EST FOR ALLOWABLE - recovery of total volume of load oil and mus. Date of Test	t be equal to or exceed top allowa Producing Method (Flow, pump		full 24 hours.)
		Casing Program	Choke Size	
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 Cor	idensate
A.O.F. 854 MCF/D Testing Method (pilot, back pr.)	<u>4-1/2</u> hrs. Tubing Pressure (Shut-in)	O Casing Pressure (Shut-in)	Chcke Size	0
Back Pressure	794 psig	800 psig	1/8"-3/1	6"-7/32"-1/4"
VI. OPERATOR CERTIFI I hereby certify that the rules and reg Division have been complied with an is true and complete to the best of m	nd that the information given above	OIL CONS	ERVATION D	IVISION
Signature		Ву		<u> </u>
M.B. Myers Printed Name	Asst. to Gen. Supt. Tile	Title		
7-17-91	(915)682-5241 Telephone No.			
Date				

- 1) Request for allowable for newly drilled or deepened well must be accompanied by with Rule 111. ulation of d eviation tests t ken in accord 100
- 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.

 lubrrit 5 Copies	State of New		Form C-104
Appropriate District Office <u>JISTRICT 1</u> P.O. Box 1980, Hobbs, NM 88240	Energy, Minerals and Natural		Revised 1-1-89 See Instructions at Bottom of Page
<u>DISTRICT II</u> O. Drawer DD, Artesia, NM 88210	P.O. Box Santa Fe, New Mexi	2088	
<u>DISTRICT III</u> OXO Rio Brazes R.L., Aziec, NM 87410	REQUEST FOR ALLOWABL	E AND AUTHORIZATI	ION
Operator	TO TRANSPORT OIL A	IND NATONAL GAS	Well API No.
Great Western Drilling	-		30-00562802
P.O. Box 1659, Midland Reason(s) for Filing (Check proper box)		Other (Please explain)	· .
New Well X Recompletion Change in Operator	Change in Transporter of: Oil Dry Gas Casinghead Gas Condensate		-
If change of operator give name and address of previous operator			
II. DESCRIPTION OF WELL	AND LEASE Well No. Pool Name, Including	Formation	Kind of Lease Lease No.
Lesse Name Quail Federal Location	8 Pecos Slope		XXXX, Federal XXXXX NM-15862
Unit LetterP	_ : Feet From The Se	outh Line and900	Feet From The East Line
Section 4 Townsh		, NMPM,	Chaves County
III. DESIGNATION OF TRAP Name of Authorized Transporter of Oil	VSPORTER OF OIL AND NATUR	LAL GAS Address (Give address to which a	approved copy of this form is to be sent)
Name of Authorized Transporter of Casia	aghead Gas or Dry Gas	Address (Give address to which a	approved copy of this form is to be sent)
If well produces cil or liquids, pive location of tanks.	P 4 6-S 25-E	Is gas actually connected?	When? Est. 10-1-91
If this production is commingled with the IV. COMPLETION DATA	t from any other lease or pool, give comminglin		Doepen Plug Back Same Res'v Diff Res'v
Designate Type of Completion	n - (X) X	New Well Workover X Total Depth	
Date Spuddod 3-17-91	Date Compl. Ready to Prod. 7-2 -91	4,100' RTM Top Oil/Gas Pay	P.B.T.D. 4,052' R'I'M
Elevations (DF, RKB, RT, GR, etc.) 3, 998' RT	Name of Producing Formation AbO	Top OiVGas Pay 3,770'	Tubing Depth 4,029'
Perforations Perfs: 3,770'-4,029',	total 57', 57 holes		4,100'
	TUBING, CASING AND	DEPTH SET	SACKS CEMENT
HOLE SIZE	10-3/4", 40.5#	910' RTM	575 Sxs.
7-7/8"	4-1/2", 11.5#	4,100' RTM	625 Sxs. T-Cmt. 3,100'
	2-3/8" Tbg.	4,029' RTM	
V. TEST DATA AND REQU	EST FOR ALLOWABLE ir recovery of total volume of load oil and must	t be equal to or exceed top allows	ible for this depth or be for full 24 hours.)
OIL WELL (Test must be afte Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump	n, gas lift, etc.)
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas- MCF
GAS WELL	Length of Test	Bbis. Condensate/MMCF	Gravity of Condensate
Actual Prod. Test - MCF/D	$\frac{4-1/2}{hrs}$	0	0
A.O.F. 854 MCF/D Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Chcke Size
Back Pressure	794 psig	800 psig	1/8"-3/16"-7/32"-1/4"
I hamby cartify that the rules and re	FICATE OF COMPLIANCE	OILCON	SERVATION DIVISION
is true and complete to the best of t		Date Approved	
M.B. Mape	n	By	
M.B. Myers	Asst. to Gen. Supt.		
Printed Name	Tide (91)5)682-5241	litle	
<u>7-17-91</u> Date	Telephone No.		
	contraction of the second second	h Rule 1104	
1) Request for allowable	form is to be filed in compliance with for newly drilled or deepened well m rm must be filled out for allowable on	lust be accompanied by tab	ulation of deviation tests taken in accordan
 All sections of this for Fill out only Sections 	m must be tilled our for anowanie on	I IRW and I combined and	