

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

Operator Great Western Drilling Company		Well API No. 30-005-62806
Address P.O. Box 1659, Midland, TX 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 State	Well No. 1	Pool Name, including Formation Pecos Slope Abo	Kind of Lease State, Federal or Fee	Lease No. V-3354
Location				
Unit Letter A : 660 Feet From The North Line and 660 Feet From The East Line				
Section 36 Township 6-S Range 24-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 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 A	Sec. 36	Twp. 6-S	Rge. 24-E	Is gas actually connected? No	When? Est. Nov. 1, 1991
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 4-5-91	Date Compl. Ready to Prod. 7-1-91		Total Depth 3,950'			P.B.T.D. 3,868'		
Elevations (DF, RKB, RT, GR, etc.) 3,878.6' RKB	Name of Producing Formation Abo		Top Oil/Gas Pay 3,462'			Tubing Depth 3,580'		
Perforations Perfs: 3,462'-3,566', total 33', 66 holes						Depth Casing Shoe 3,950'		
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT		
14-3/4"	10-3/4", 40.5#		928' RKB			1,000 Sxs. HL&C-Circl.		
9-7/8"	7-5/8", 29.20#		1,826' RKB			625 Sxs. HL&C-Circl.		
6-1/2"	4-1/2", 11.6#		3,950' RKB			300 Sxs. 65/35 Poz, 100		
	2-3/8" Tbg		3,580' RKB			Sxs. "C" T-Cmt. 2,590'		

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. 3,427 MCFD	Length of Test 4 hrs.	Bbls. Condensate/MMCF 0	Gravity of Condensate 0
Testing Method (pilot, back pr.) Back Pressure	Tubing Pressure (Shut-in) 960 Psig	Casing Pressure (Shut-in) 962 Psig	Choke Size 3/16"-7/32"-1/4"-3/8"

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-Asst. to Gen. Supt.  
Printed Name  
7-17-91 (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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- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

Operator Great Western Drilling Company		Well API No. 30-005-62806
Address P.O. Box 1659, Midland, TX 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 State	Well No. 1	Pool Name, including Formation Pecos Slope Abo	Kind of Lease State, Federal or Fee	Lease No. V-3354
Location Unit Letter A : 660 Feet From The North Line and 660 Feet From The East Line Section 36 Township 6-S Range 24-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 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 A	Sec. 36	Twp. 6-S	Rge. 24-E	Is gas actually connected? No	When? Est. Nov. 1, 1991
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 4-5-91	Date Compl. Ready to Prod. 7-1-91		Total Depth 3,950'		P.B.T.D. 3,868'			
Elevations (DF, RKB, RT, GR, etc.) 3,878.6' RKB	Name of Producing Formation Abo		Top Oil/Gas Pay 3,462'		Tubing Depth 3,580'			
Performances Perfs: 3,462'-3,566', total 33', 66 holes					Depth Casing Shoe 3,950'			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
14-3/4"	10-3/4", 40.5#		928' RKB		1,000 Sxs. HT&C-Circl.			
9-7/8"	7-5/8", 29.20#		1,826' RKB		625 Sxs. HT&C-Circl.			
6-1/2"	4-1/2", 11.6#		3,950' RKB		300 Sxs. 65/35 Poz. 100			
	2-3/8" Tbg		3,580' RKB		Sxs. "C" T-Cmt. 2,590'			

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.)		Producing Method (Flow, pump, gas lift, etc.) Post ID-2	
Date First New Oil Run To Tank	Date of Test	Casing Pressure	Choke Size 8-9-91 camp & BK
Length of Test	Tubing Pressure	Water - Bbls.	Gas- MCF
Actual Prod. During Test	Oil - Bbls.		

GAS WELL

Actual Prod. Test - MCF/D A.O.F. 3,427 MCFD	Length of Test 4 hrs.	Bbls. Condensate/MMCF 0	Gravity of Condensate 0
Testing Method (pilot, back pr.) Back Pressure	Tubing Pressure (Shut-in) 960 Psig	Casing Pressure (Shut-in) 962 Psig	Choke Size 3/16"-7/32"-1/4"-3/8"

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-Asst. to Gen. Supt.  
Printed Name  
7-17-91 (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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OIL CONSERVATION DIVISION

P.O. Box 2088  
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TO TRANSPORT OIL AND NATURAL GAS

Operator Great Western Drilling Company		Well API No. 30-005-62806
Address P.O. Box 1659, Midland, TX 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 State	Well No. 1	Pool Name, Including Formation Pecos Slope Abo	Kind of Lease State, Federal or Foreign	Lease No. V-3354
Location				
Unit Letter A : 660 Feet From The North Line and 660 Feet From The East Line				
Section 36 Township 6-S Range 24-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 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 A	Sec. 36	Twp. 6-S	Rge. 24-E	Is gas actually connected? No	When? Est. Nov. 1, 1991
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 4-5-91	Date Compl. Ready to Prod. 7-1-91		Total Depth 3,950'		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.) 3,878.6' RKB	Name of Producing Formation Abo		Top Oil/Gas Pay 3,462'		Tubing Depth 3,580'			
Performations Perfs: 3,462'-3,566', total 33', 66 holes					Depth Casing Shoe 3,950'			
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. 3,427 MCFD	Length of Test 4 hrs.	Bbls. Condensate/MMCF 0	Gravity of Condensate 0
Testing Method (prior, back pr.) Back Pressure	Tubing Pressure (Shut-in) 960 Psig	Casing Pressure (Shut-in) 962 Psig	Choke Size 3/16"-7/32"-1/4"-3/8"

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-Asst. to Gen. Supt.  
Printed Name  
7-17-91 (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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I.

Operator Great Western Drilling Company	Well API No. 30-005-62806
Address P.O. Box 1659, Midland, TX 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 State	Well No. 1	Pool Name, Including Formation Pecos Slope Abo	Kind of Lease State, Federal or Foreign	Lease No. V-3354
Location Unit Letter <u>A</u> : <u>660</u> Feet From The <u>North</u> Line and <u>660</u> Feet From The <u>East</u> Line Section <u>36</u> Township <u>6-S</u> Range <u>24-E</u> , <u>NMPM</u> , <u>Chaves</u> 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 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 <u>A</u>	Sec. <u>36</u>	Twp. <u>6-S</u>	Rge. <u>24-E</u>	Is gas actually connected? <u>No</u>	When? <u>Est. Nov. 1, 1991</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 <input type="checkbox"/>	Gas Well <input checked="" 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"/>
Date Spudded <u>4-5-91</u>	Date Compl. Ready to Prod. <u>7-1-91</u>		Total Depth <u>3,950'</u>		P.B.T.D. <u>3,868'</u>			
Elevations (DF, RKB, RT, GR, etc.) <u>3,878.6' RKB</u>	Name of Producing Formation <u>Abo</u>		Top Oil/Gas Pay <u>3,462'</u>		Tubing Depth <u>3,580'</u>			
Perforations <u>Perfs: 3,462'-3,566', total 33', 66 holes</u>					Depth Casing Shoe <u>3,950'</u>			

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<u>14-3/4"</u>	<u>10-3/4", 40.5#</u>	<u>928' RKB</u>	<u>1,000 Sxs. HL&amp;C-Circl.</u>
<u>9-7/8"</u>	<u>7-5/8", 29.20#</u>	<u>1,826' RKB</u>	<u>625 Sxs. HL&amp;C-Circl.</u>
<u>6-1/2"</u>	<u>4-1/2", 11.6#</u>	<u>3,950' RKB</u>	<u>300 Sxs. 65/35 Poz, 100</u>
	<u>2-3/8" Tbg</u>	<u>3,580' RKB</u>	<u>Sxs. "C" T-Cmt. 2,590'</u>

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 <u>A.O.F. 3,427 MCFD</u>	Length of Test <u>4 hrs.</u>	Bbls. Condensate/MMCF <u>0</u>	Gravity of Condensate <u>0</u>
Testing Method (pilot, back pr.) <u>Back Pressure</u>	Tubing Pressure (Shut-in) <u>960 Psig</u>	Casing Pressure (Shut-in) <u>962 Psig</u>	Choke Size <u>3/16"-7/32"-1/4"-3/8"</u>

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M.B. Myers  
Signature  
M.B. Myers-Asst. to Gen. Supt.  
Printed Name  
7-17-91 (915) 632-5241  
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved \_\_\_\_\_

By \_\_\_\_\_

Title \_\_\_\_\_

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		<u>X</u>	<u>X</u>					
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	<u>2-3/8" Tbg</u>		<u>3,580' RKB</u>		<u>Sxs. "C" T-Cmt. 2,590'</u>			

**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.)

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**GAS WELL**

Actual Prod. Test - MCF/D <u>A.O.F. 3,427 MCFD</u>	Length of Test <u>4 hrs.</u>	Bbls. Condensate/MMCF <u>0</u>	Gravity of Condensate <u>0</u>
Testing Method (pilot, back pr.) <u>Back Pressure</u>	Tubing Pressure (Shut-in) <u>960 Psig</u>	Casing Pressure (Shut-in) <u>962 Psig</u>	Choke Size <u>3/16"-7/32"-1/4"-3/8"</u>

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Date Approved \_\_\_\_\_  
By \_\_\_\_\_  
Title \_\_\_\_\_

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

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- 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

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

**I.**

Operator Great Western Drilling Company	Well API No. 30-005-62806
Address P.O. Box 1659, Midland, TX 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 State	Well No. 1	Pool Name, including Formation Pecos Slope Abo	Kind of Lease State, Federal or Private	Lease No. V-3354
Location				
Unit Letter <u>A</u> : <u>660</u> Feet From The <u>North</u> Line and <u>660</u> Feet From The <u>East</u> Line				
Section <u>36</u> Township <u>6-S</u> Range <u>24-E</u> , <u>NMPM</u> , <u>Chaves</u> 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 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>A</u>   <u>36</u>   <u>6-S</u>   <u>24-E</u>   <u>No</u>   <u>Est. Nov. 1, 1991</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
		<u>X</u>	<u>X</u>					
Date Spudded <u>4-5-91</u>	Date Compl. Ready to Prod. <u>7-1-91</u>	Total Depth <u>3,950'</u>		P.B.T.D. <u>3,868'</u>				
Elevations (DF, RKB, RT, GR, etc.) <u>3,878.6' RKB</u>	Name of Producing Formation <u>Abo</u>	Top Oil/Gas Pay <u>3,462'</u>		Tubing Depth <u>3,580'</u>				
Perforations <u>Perfs: 3,462'-3,566', total 33', 66 holes</u>				Depth Casing Shoe <u>3,950'</u>				

**TUBING, CASING AND CEMENTING RECORD**

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<u>14-3/4"</u>	<u>10-3/4", 40.5#</u>	<u>928' RKB</u>	<u>1,000 Sxs. HT&amp;C-Circl</u>
<u>9-7/8"</u>	<u>7-5/8", 29.20#</u>	<u>1,826' RKB</u>	<u>625 Sxs. HT&amp;C-Circl</u>
<u>6-1/2"</u>	<u>4-1/2", 11.6#</u>	<u>3,950' RKB</u>	<u>300 Sxs. 65/35 Poz, 100</u>
	<u>2-3/8" Tbg</u>	<u>3,580' RKB</u>	<u>(Sxs."C" T-Cmt. 2,590'</u>

**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.)	
		Casing Pressure	Choke Size
Length of Test	Tubing Pressure	Water - Bbls.	Gas- MCF
Actual Prod. During Test	Oil - Bbls.		

**GAS WELL**

Actual Prod. Test - MCF/D <u>A.O.F. 3,427 MCFD</u>	Length of Test <u>4 hrs.</u>	Bbls. Condensate/MMCF <u>0</u>	Gravity of Condensate <u>0</u>
Testing Method (pilot, back pr.) <u>Back Pressure</u>	Tubing Pressure (Shut-in) <u>960 Psig</u>	Casing Pressure (Shut-in) <u>962 Psig</u>	Choke Size <u>3/16"-7/32"-1/4"-3/8"</u>

**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-Asst. to Gen. Supt.  
Printed Name  
7-17-91 (915)682-5241  
Date Telephone No.

**OIL CONSERVATION DIVISION**

Date Approved \_\_\_\_\_

By \_\_\_\_\_

Title \_\_\_\_\_

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