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

State of New Mexico igy, Minerals and Natural Resources Departm

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

## DISTRICT II P.O. Drawer DD, Antesia, NM 88210

## OIL CONSERVATION DIVISINATION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088MAR 0 6 1993

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410 REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURALASTS\*

Operator		<del></del>	7					Well	API No.	<del></del>	
Klabzuba Operating Company						30-005-62918					
udress											
	treet	Ft. Wo	orth	, TX 7	6102						
Reason(s) for Filing (Check proper box)		<u> </u>	_	_		er (Please					
cw Well Change in Transporter of: Test Allowable											
Recompletion U Oil Dry Gas U 450 bbls.											
Change in Operator  If change of operator give name	Casinghea	ad Cas	Conc	lensate						<del></del>	
and address of previous operator	<del></del>				··		<del></del>		···.		
II. DESCRIPTION OF WELL AND LEASE											
Lease Name	m.+	Well No.	Pool	Name, Includ	ing Formation				Kind of Lease No.		ease No.
White	3	Ra	ce Trac	k (Devonian)			State,	State, Federal or Fee			
Location				_							
Unit LetterH	_ :	310	Feet	From The $\stackrel{ ext{E}_i}{-}$	astLir	e and	1847	Fo	et From The	North	Line
Section 13 Townshi	n 109	3	_	27E	NMPM Chaves County						
Section 13 Townshi	P 10.	, 	Rang	e 2/E	, N	МРМ,	CI	iaves			County
III. DESIGNATION OF TRAN	ISPORTE	'R OF O	[Τ. Δ]	ND NATH	RAL CAS						
Name of Authorized Transporter of Oil	[X]	or Conden			Address (Give address to which approved copy of this form is to be sent)						
Navaho Refining Compa				ш	P.O. Drawer 159 Artesia, NM 88210						
Name of Authorized Transporter of Casing	ghead Gas		or Dr	y Gas	Address (Give address to which approved copy of this form is to be sent)						
	<del></del>			<del>_</del> ,	ļ					<del></del>	
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	•	ls gas actuali	y connecte	:4?	When	?		
If this production is commingled with that	from any oth		10		l No				<del></del>		
IV. COMPLETION DATA	nom any our	ici icase or j	ALACAI, E	hae continuing	ning order mun	per:					<del></del>
		Oil Well		Gas Well	New Well	Workov	er	Deepen	Plue Back	Same Res'v	Diff Res'y
Designate Type of Completion	- (X)	<u>i</u> x	i_		х	İ	i			]	
Date Spudded	Date Comp	ol. Ready to	Prod.		Total Depth				P.B.T.D.		
1-16-93		-26-93			6562						
Elevations (DF, RKB, RT, GR, etc.)	1	roducing Fo	rmatio	Ω	Top Oil/Gas Pay			Tubing Depth			
3796 KB	I Devo	nian			6558'			Depth Casing Shoe			
Open Hole 6554'-	6562'							6554'			
	$\overline{}$	UBING.	CAS	ING AND	CEMENTI	NG REC	ORD	_/_			
HOLE SIZE		SING & TU			DEPTH SET				SACKS CEMENT		
17년	13 3/8 48# H-40			385			Circulated				
121/4	8 5/8 24# 5-55			1595'			Circulated				
7_7/8	5½	15.5#		-55	6554!			300			
V. TEST DATA AND REQUEST FOR ALLOWABLE 6475'											
OIL WELL (Test must be after re					he equation or	averad tor	allawa	abla for this	والمسالمة المسادر	F== 6.11.24 L =	1
Date First New Oil Run To Tank	Date of Tes			<i>y</i> 27.27 77.331	Producing Mo	thod (Flow	v, pump	, gas lift, e	ic.)	or juit 24 now	3.)
2-26-93						o Test			•		
ength of Test	Tubing Pres	wate			Casing Pressu	re			Choke Size		
Actual Dead Dead - The											
Actual Prod. During Test					Water - Bbls.	Water - Bbis.			Gas- MCF		
	L						<del> </del>				
GAS WELL Actual Prod. Test - MEF/D					F1:						
Actual Field. Test - WelfyD	Length of T	csi			Bbls. Conden	ate/MMC	F		Gravity of C	ondennate	
esting Method (pitot, back pr.) Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)				(A. ) - (C)				
			-,		Casing 1 10aau	ie (stim-tii	,		Choke Size		
I. OPERATOR CERTIFICA	ATE OF	COMPI	TAN	JCE						····	
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			OIL CONSERVATION DIVISION								
									is true and complete to the best of my knowledge and belief.		
(100 1115					٠ ،٢٢١٠	, Ju				<del></del>	
Signature Solution				By_	O	RIGIN	IAL SIG	NED 8Y	• •		
John M Roberts Engineer				By ORIGINAL SIGNED BY MIKE WILLIAMS							
Printed Name Title				Title SUPERVISOR, DISTRICT I							
3-3-93 Date		(817)3			''						· · · · · · · · · · · · · · · · · · ·
=		Teleph	ione N	ю.	1					~	

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 3 Copies to Appropriate District Office

## State of New Mexico Energy, Minerals and Natural Resources Department



DISTRICT I

**OIL CONSERVATION DIVISION** 

P.O. Box 1980, Hobbs, NM 88240	OIL CONSERVATIO		WELL API NO.
DISTRICT II	P.O. Box 208 Santa Fe, New Mexico	FLANKEDOS	30-005-62918
P.O. Drawer DD, Artesia, NM 88210		B 1 8 1 <b>99</b> 3	5. Indicate Type of Lease STATE FEE X
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410	1 1.	o (6 1933	6. State Oil & Gas Lease No.
		O. C. D.	
SUNDRY NOT	ICES AND REPORTS ON WEL	LS TO PLACE TO A	
DIFFERENT RESEI	OPOSALS TO DRILL OR TO DEEPEN RVOIR. USE "APPLICATION FOR PEF :-101) FOR SUCH PROPOSALS.)		7. Lease Name or Unit Agreement Name
1. Type of Well:			White
OIL X WELL	OTHER		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
2. Name of Operator			8. Well No.
K.J.abzuba Op 3. Address of Operator	perating Company		9. Pool name or Wildcat
•	., Ft. Worth, TX 76102		
4. Well Location	., Ft. WOLLII, IX 76102		Race Track (Devonian)
Unit Letter H :131	10 Feet From The East	Line and18	Feet From The North Line
Section 13			NMPM Chaves County
	10. Elevation (Show whether I	DF, RKB, RT, GR, eic.)	
11. Check	Appropriate Box to Indicate N	Nature of Notice, Re	eport, or Other Data
NOTICE OF IN			SEQUENT REPORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING	
PULL OR ALTER CASING		CASING TEST AND CE	
OTHER:		OTHER:	
12. Describe Proposed or Completed Opera work) SEE RULE 1103.	utions (Clearly state all pertinent details, an	d give pertinent dates, includ	ling estimated date of starting any proposed
Devonian @ 6562' & cement w/ 300 held. ND BOP.	'. Set $5\frac{1}{2}$ ", 15.5#, J-55 sx class "C" + 0.65% CE	5 LTC casing w/p 5-14 & ¼#/sx cel 1 nipple, screw	7/8 bit. Drilled to top of backer shoe @ 6554'. RU western lo-seal. Bumped plug. Floats on heads. Rig released 7:00 PM, on next week.

		<u> </u>
hereby certify that the informa	ation above is true and complete to the best of my knowledge and belief.	
IGNATURE July	n Roll Engineer	DATE 2-17-93
OR PRINT NAME JO	hn M. Roberts	тецерноме No.817-336-5757
vace for State Use)	ORIGINAL SIGNED BY MIKE WILLIAMS	FEB 2 3 1993
8Y	SUPERVISOR, DISTRICT II TILE	DATE