

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION

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

MAR 7 1994

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator TOPAT OIL CORPORATION		Well API No. 30-005-62998
Address 505 N. BIG SPRING, STE. 204, MIDLAND, TEXAS 79701		
Reason(s) for Filing (Check proper box) New Well <input checked="" type="checkbox"/> <input type="checkbox"/> Other (Please explain) Recompletion <input type="checkbox"/> Change in Transporter of: 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 ROSILEE FEDERAL	Well No. 1	Pool Name, Including Formation COYOTE (QUEEN)	Kind of Lease State, Federal or Private	Lease No. NM 62182
Location Unit Letter <u>F</u> : <u>2310</u> Feet From The <u>WEST</u> Line and <u>2310</u> Feet From The <u>NORTH</u> Line Section <u>20</u> Township <u>11-S</u> Range <u>27-E</u> , NMMP, <u>CHAVES</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> *PRIDE PETROLEUM	Address (Give address to which approved copy of this form is to be sent) PO BOX 2948, MIDLAND, TX 79702	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> NONE	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>J</u> Sec. <u>20</u> Twp. <u>11-S</u> Rge. <u>27-E</u>	Is gas actually connected? NO	When ?

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

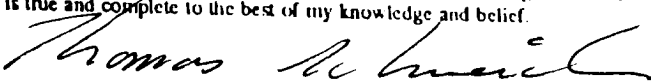
IV. COMPLETION DATA

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"/>		
Date Spudded 11/18/93	Date Compl. Ready to Prod. 1/30/94	Total Depth 860	P.B.T.D. 850
Elevations (DF, RKB, RT, GR, etc.) 3692 GL	Name of Producing Formation QUEEN	Top Oil Gas Pay 745	Tubing Depth 690
Perforations 19 HOLES 745-837			Depth Casing Shoe 857
TUBING, CASING AND CEMENTING RECORD			
HOLE SIZE 11	CASING & TUBING SIZE 8 5/8 24#	DEPTH SET 215	SACKS CEMENT 125 SX CL "C"
7 7/8	7	740	
6 1/4	4 1/2" 10.5#	740-860	175 SX LITE, 1/2 FLOCEL
			80 SX PREM +

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 1/31/94	Date of Test 1/31/94	Producing Method (Flow, pump, gas lift, etc.) PUMP	
Length of Test 24 HOURS	Tubing Pressure -0-	Casing Pressure 20#	Choke Size -0-
Actual Prod. During Test	Oil - Bbls. 32	Water - Bbls. 1	Gas - MCF ±10
GAS WELL			
Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MNCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut in)	Casing Pressure (Shut in)	Choke Size

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 THOMAS E. SCHNEIDER - OPERATOR REPRESENTATIVE Printed Name 3/2/94 (915) 682-6340 Date Telephone No.	OIL CONSERVATION DIVISION Date Approved <u>MAR 21 1994</u> By _____ Title <u>SUPERVISOR, DISTRICT II</u>
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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

*PRIDE PIPELINE WILL BE THE TRANSPORTER EFFECTIVE APRIL 1, 1994 - NOW KOCH SVC

P O BOX 1200, HOBBS, NM 88240