

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

RECEIVED

AUG 10 1981

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

O. C. D.

ARTESIA, OFFICE

Operator		DINERO OPERATING COMPANY		
Address		POST OFFICE DRAWER 10505, MIDLAND, TEXAS 79702		
Reason(s) for filing (Check proper box)		Other (Please explain)		
New Well	<input checked="" type="checkbox"/>	Change in Transporter of:	CASINGHEAD GAS MUST NOT BE FLARED AFTER <u>9-1-81</u> UNLESS AN EXCEPTION TO Rule 304 IS OBTAINED	
Recompletion	<input type="checkbox"/>	Oil		<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas		<input type="checkbox"/>
If change of ownership give name and address of previous owner				

I. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
GIOVENGO	1	South Culebra Bluff-Bone Springs	State, Federal or Fee	Fee
Location				
Unit Letter	L	1980	Feet From The	South
		Line and	660	Feet From The
		West		
Line of Section	25	Township	23-S	Range
		28-E	NMPM,	Eddy
		County		

II. 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)	
Basin, Inc.	P. O. Box 2297, Midland, Texas 79702	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
El Paso Natural Gas Company	P. O. Box 1492 El Paso, Texas 79978	
If well produces oil or liquids, give location of tanks.	Unit	Sec.
	L	25
	23-S	28-E
Is gas actually connected?	When	8/15/81
NO		

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

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'tv.	Diff. Res'tv.
X	X		X					
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
March 30, 1981	August 7, 1981	8,100'	8,047'					
Elevations (DF, RKB, RT, CR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
GR 2991'	Bone Springs	6,330' 6420	8,100'					
Perforations	Depth Casing Shoe							
6420-34', 6616-6748', 6910-7075'	8,100'							

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17 1/2	13 3/8	400	425 sx. CL. C.
11	8 5/8	2434	1250 sx.
7 7/8	5 1/2	8100	1575 sx.

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 Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
7/15/81	8/6/81	FLOW	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hours	400#	1,600#	24/64
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
225	175	50	350

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

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.

Lavonda Norman
(Signature)
Production Clerk
(Title)
August 7, 1981
(Date)

OIL CONSERVATION DIVISION

AUG 10 1981

APPROVED _____, 19____
BY W. A. Gressett
TITLE SUPERVISOR, DISTRICT II

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply

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WELL NAME AND NUMBER Giovenco #1 ✓ JUN 8 1981
 LOCATION: 660FW 1980 FS, Section 25, T23S, R28E, Eddy County O. C. C.
 OPERATOR: Dinero, Inc. DRILLING CONTRACTOR: X-Pert Drilling Corp.

THE UNDERSIGNED HEREBY CERTIFIES THAT HE IS AN AUTHORIZED REPRESENTATIVE OF THE DRILLING CONTRACTOR WHO DRILLED THE ABOVE DESCRIBED WELL AND THAT HE HAS CONDUCTED DEVIATION TESTS AND OBTAINED THE FOLLOWING RESULTS:

DEGREES @ DEPTH	DEGREES @ DEPTH	DEGREES @ DEPTH
3/4 200	1 2780	3/4 5930
3/4 400	3/4 2980	1 6430
1 500	1/2 3180	1 1/4 6622
1 800	1/2 3480	1 6750
1/2 1000	1/2 3680	4 7180
3/4 1200	1/2 3980	4 1/4 7240
3/4 1400	1/4 4190	4 7305
1/4 1600	0 4400	4 7370
1/4 1800	0 4700	3 3/4 7440
3/4 2000	1/4 5000	7550 3 3/4
3/4 2156	1 1/2 5300	
2 2356	1 1/2 5330	
2 2434	1 1/2 5430	
1/2 2530	1 5530	
3/4 2630	1 5730	

BY: X-PERT DRILLING CORPORATION
 P. O. BOX 1918 - HOBBS, NEW MEXICO 88240

W. B. Zacher

(REPRESENTATIVE)

SUBSCRIBED AND SWORN TO BEFORE ME THIS 20 DAY OF May 1981.

Jamie Anderson
 NOTARY PUBLIC

IEA COUNTY, NEW MEXICO

MY COMMISSION EXPIRES: February 25, 1984