

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

## OIL CONSERVATION DIVISION

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

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

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

Operator Paloma Resources Inc.	Well API No. 30-005-00516
Address P.O. Box 1814 Roswell, NM 88201	
Reason(s) for Filing (Check proper box) New Well <input type="checkbox"/> <input checked="" type="checkbox"/> Other (Please explain) Recompletion <input type="checkbox"/> Change in Transporter of: Change in Operator <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input checked="" type="checkbox"/> CHANGE TRANSPORTER FROM TEXACO TO NAVAJO	
If change of operator give name and address of previous operator TEXACO Inc. P.O. Box 730 Hobbs, N.M.	

### II. DESCRIPTION OF WELL AND LEASE

Lease Name Peery Fed. #5	Well No. 3	Pool Name, Including Formation Little Lucky Lake Morrow	Kind of Lease State, Federal or Fee	Lease No. NM-0338A
Location Unit Letter K : 1820 Feet From The FSL Line and 2140 Feet From The FWL Line Section 29 Township 15s Range 30e, NMPM, Chaves County				

### III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> Navajo Refining	Address (Give address to which approved copy of this form is to be sent) P.O. Box 159 Artesia, NM 88210					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> American Processing	Address (Give address to which approved copy of this form is to be sent) Star Route "A" Box 335 Hobbs, NM 88240					
If well produces oil or liquids, give location of tanks.	Unit G	Sec. 29	Twp. 15	Rge. 30	Is gas actually connected? Yes	When? 1985

If this production is commingled with that from any other lease or pool, give commingling order number: NO

### IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
Perforations						Depth Casing Shoe		
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT		

### 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	Length of Test	Bbls. Condensate/MMCF	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.

William R. Hansen  
Signature  
William R. Hansen AGENT/OWNER  
Printed Name  
06/21/92  
Date  
622-4772  
Telephone No.

### OIL CONSERVATION DIVISION

Date Approved  
By  
Title

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

- Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- All sections of this form must be filled out for allowable on new and recompleted wells.

RECEIVED

JUN 28 1992

SEN HOBBS OFFICE