Submit 5 Copies Appropriate District Office DISTRICT 1	State of New Mexico rgy, Minerals and Natural Resources Departe 2										
P.O. Box 1980, Hobbs, NM 88240 DISTRICT II P.O. Drawer DD, Artesia, NM 88210	OIL CONSERVATION DIVIS P.O. Box 2088 Santa Fe, New Mexico 87504-2088						1		at Bottom	of Page	
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410 REQUEST FOR ALLOWABLE AND AUTHORIZATION											
I. Operator	TO TRANSPORT OIL AND NATURA ENT CORPORATION					URAL GA	Well AF			V	
Address		NM	87	/112			- 005-	20121			
9720 CANDELARIA NE ALBUQUERQUE NM 8/112     Reason(s) for Filing (Check proper box)     []     Other (Please explain)     New Well     []     Change in Transporter of:											
Recompletion Image in Transporter of the second s											
If change of operator give name TKL out Properties Inc. and address of previous operator MIMS OIT & Gast 7060 S. Vale, Ste 707, Tulsa OK 74136											
II. DESCRIPTION OF WELL AND LEASE Lease Name Miller Federal Well No. Pool Name, Including Tom Tom									Lease Lease No. Ederador Free NM-046153-A		
Location Unit Letter	1980	Гес	l From The _		=	,	<u>60 </u>	t From The _	W	Line	
Section 35 Township 75 Range 33E, NMPM, Chaves County											
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS   Salt Water Disposel Well     Name of Authonized Transporter of Oil   Or Condensate     Address (Give address to which approved copy of this form is to be sent)											
Name of Authorized Transporter of Casinghead Gas or Dry Gas 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. 1				In gas actually connected? When ?						
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)	Well	Gas Well	i	New Well	Workover	Deepen		Same Res'v	Dilf Res'v	
Date Spudded Elevations (DF, RKB, RT, GR, etc.)					Top Oil/Oas Pay			P.B.T.D. Tubing Depth			
Perforations									Depth Casing Shoe		
TUBING, CASING AND CEMENTING RECORD											
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT			
V. TEST DATA AND REQUES	ST FOR ALLOWABLE										
OIL WELL (Test must be after recovery of total volume of load oil and must be						be equal to or exceed top allowable for this depth or be for full 24 hows.) Producing Method (Flow, purp, gas lift, etc.)					
Length of Test	Tubing Pressure				Casing Pressure			Choke Size	Choke Size		
Actual Prod. During Test	Oil - Bbls.				Water - Bbis.			Gas- MCF			
GAS WELL Actual Frod. Test - MCF/D	Length of Test				Bbis. Cond	ensate/MMCF		Gravity of	Condensate	· · · · · · · · · · · · · · · · · · ·	
Testing Method (pirot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Clioke Size			
VI. OPERATOR CERTIFICATE OF COMPLIANCE 1 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.					Date Approved MAY 1 0 1993						
Signature Jim C. Johnson Vice-President					By By Brance Brance B						
Printed Name <u>4-28-93</u> Date Telephone No. Title Telephone No.					Title						
INSTRUCTIONS: This for	orm is to be fil	ed in co	ompliance	with	Rule 110						

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) Till out only Sections I. H. HI. and VI for changes of operator, well name or number transporter, or other such changes