TRICT I
Box 1980, Hobbs, NM 88240 TRICT II Drawer DD, Artesia, NM 88210 Energy inerals and Natural Resources Department

Revised 1-1-89 See Instructions at Bottom of Page

CONSERVATION DIVISION

P.O. Box 2088

RECEIVED

TRICT III J Rio Brazos Rd., Aziec, NM 87410

Signature

Date

Printed, Name

CHRISTOPHER

Santa Fe, New Mexico 87504-2088

J RIO DIAZAS RU., MACC, MINI 07410	REQUEST F				UTHORIZ URAL GA	–	AM	R 26 '90		
entor CTT OTE / TTT					Well VI			l No.		
WESTERN PEREVES OIL COMPA					MY INC.			O. C. D.		
liness					14—		ARTESIA, OFFICE			
TO BOX 993	3, Midlan	dit	× 7	9707	_					
ison(s) for Filing (Check proper box)	<u> </u>			Other	(Please explai	n)		· · · · · · · · · · · · · · · · · · ·		
* Well	Change i	n Transporter	of:		•					
zompletion	Oil 🔀	Dry Gas				•				
inge in Operator	Casinghead Gas	Condensate	, 🗆	EF	FECTIVE	EAF	721 1	1990	}	
tange of operator give name address of previous operator										
DESCRIPTION OF WELL	AND LEASE									
ise Name	Well No. Pool Name, Including					Kind of	Lease No.			
KMM	1	SAN AND State, Fo			ederal or (Fee)					
cation		····		201 (2/	<u> </u>	•				
Unit Letter 7	: 330	Fast From	71.		and LOLOC) r	t From The _	- 		
Out Detter1	_ :	T Leer L.totti	Inc -X	STITE LIBC	and Coloc	1°CC	r r.tom The _	<u></u>	Line	
Section Z9 Townsh	in 75	Range =	21=	N.	IPM, C	_have	-<		County	
		P		1 :::''						
DESCHAFION OF TRAI	SPORTER OF	OIL AND	NATUE	RAE GAS						
ine of Authorized Transporter of Oil		OTT Ene		Address (Cine	address to who	ich approved	copy of this fo	orm is to be ser	น)	
NEON OIL TEACHE	· 11577121-CJK-1		است ما	Box 10	11700	Meland	LITY.	79707		
me of Authorized Transporter of Casi	iglicad Gas	entertive	: 1-1-9	Bidress (Give	address to wh	ich approved	copy of this fo	orm is to be ser	น)	
·			=							
well produces oil or liquids,	Unit Sec.	Twp.	Rge.	ls gas actually	connected?	When	?			
e location of tanks.	0 129	1751	315		40					
his production is commingled with tha	t from any other lease	or pool, give o	commingli	ng order numb	er:					
. COMPLETION DATA										
n	Oil W	ell Gar	Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion		1				1		I		
ate Spudded	Date Compl. Ready to Prod.			Total Deput			P.B.T.D.			
							·			
evations (DF, RKB, RT, GR, etc.) Name of Producing Formation				Top Oil/Oas Pay			Tubing Depth			
forations							Depth Casir	ng Shoe		
									•	
· · · · · · · · · · · · · · · · · · ·	TUBING, CASING AND			CEMENTING RECORD						
HOLE SIZE	CASING &	TUBING SIZ	ZE	DEPTH SET			SACKS CEMENT			
•										
. TEST DATA AND REQUI	EST FOR ALLO	WABLE								
IL WELL (Test must be after	r recovery of total volu	me of load oil	and must	be equal to or	exceed top all	owable for the	s depth or be	for full 24 hou	urs.)	
ate First New Oil Run To Tank	Date of Test			Producing M	cthod (Flow, p	ump, gas lift,	ec.)			
ength of Test	Tubing Pressure		··	Casing Press	ure ,		Choke Size			
ictual Prod. During Test	d Prod. During Test Oil - Bbls.			Water - Bbls.			Gas- MCF			
- .										
CICIUELI		· ····						······································		
GAS WELL				160: 7: 7:			72555	Condense:		
Actual Prod. Test - MCF/D	Length of Test			Bbls. Condensate/MMCF			Gravity of Condensate			
	45.012.5	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)			Choke Size		
esting Method (pitot, back pr.)	Lubing Pressure (oun-m)		Casing Press	ente (2nut-1n)		Choke 212	C		
				_						
7I. OPERATOR CERTIF	CATE OF CO	MPLIAN	CE	11	<u> </u>		/ A T! ^ L !	ייייי	ON!	
I hereby certify that the rules and re					OIL CO	NSEHV	AHON	1010121	UN	
Division have been complied with a	ind that the information	given above				•	APD =	3 1990		
is true and complete to the best of r				Dat	e Approvi	ha	U 1/	D 1800		
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(X				11	0	RIGINAL SI	GNED BY	JERRY SEXT	ON	

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.

DISTRICT | SUPERVISOR

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

ENGINEER

Title 53 Telephone No.

- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- Sensenta Form C 104 must be filed for each pool in multiply completed walls