Subinit 5 Copies Appropriate District Office DISTRICT 1 P.O. Box 1980, Hobbs, NM 88240

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

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

فالمحتذبة أباعده والمالك Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

			NUC		- AND NA	I UNAL C	70						
Operator										VPI No.			
									0-005-20680 20763				
Address 9720-B Candalaria NE	Albuan	arana	Marr	Morias	87110			_					
9720-B Candaleria NE, Reason(s) for Filing (Check proper box)	ALDUQUE	erque,	Wew	riex1C0		er (Diadas '	ai=1						
New Well		Change in	Тланыч	arter of:	പ്ര	et (Pleáse espli	шп)						
Recompletion Oil Dry Gas													
Change in Operator	Casinghead		•	_									
f change of operator give name Kern	-McGee	Corpo	ratio	on, P.	0. Box 1	1050, Mi	dla	nd, 1	lexas 79	702			
I. DESCRIPTION OF WELL AND LEASE													
Lesse Name Amoco Federal						``	Kind of Lease			Lease No.			
					an Andres)			State, Federal or Fee		NM12	NM12418		
Location	c	353		c	·+h	1000	^			Test			
Unit Letter 0 : 853 Feet From The South Line and 1980									Feet From TheLine				
Section ²⁶ Township	ip 7S Range 31E			, NMPM,			Chav	ves		County			
											County		
II. DESIGNATION OF TRAN	SPORTE			D NATU		•							
Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be sent)													
Lantern Petroleum Company P. O. Box 2281, Midland, Texas 79702													
Name of Authonized Transporter of Casinghead Gas X or Dry Gas Trident NGL, Inc.						Address (Give address to which approved P. O. Box 50250, Midlar				copy of this form is to be sent) nd. TX 79710			
If well produces oil or liquids,	Unit	Sec.	Twp	Rge.	· • · · · · · · · · · · · · · · · · · ·			When ?					
ive location of tanks.	м	26	L ⁷⁸	5 3 1E	Yes				<i>i</i> 79				
f this production is commingled with that f V. COMPLETION DATA	rom any oth	er lease or	pool, gi	ve comming	ing order num	ber:							
Designate Type of Completion .	• (X)	Oil Well		Gas Well	New Well	Workover	De	epen	Plug Back	Same Res'v	Diff Res'v		
Date Spudded	Date Comp	I. Ready to	Prod.		Total Depth	L	I]	P.B.T.D.	L <u></u>	I		
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay				Tubing Depth				
Perforations									Depth Casin	g Shoe			
TUBING, CASING AND HOLE SIZE CASING & TUBING SIZE				DEPTH SET									
HOLE SIZE CASING & TUBING SIZE				SILE	DEFINISEI				SACKS CEMENT				
7. TEST DATA AND REQUES													
)IL WELL (Test must be after re Date First New Oil Run To Tank			of load	oil and must						or full 24 ho	urs.)		
Date ring New Oil Kun 10 Tank	Date of Tes	1			Producing M	ethod (Flow, pu	emp, ge	as lyì, e	IC.J				
Length of Test	Tubing Pressure				Casing Pressure				Choke Size				
	ravink treaste												
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					
esting Method (pilot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)				Choke Size				
A. OPERATOR CERTIFIC	ATE OF	COMP	LIAN	NCE	1				ł		J		
I hereby certify that the rules and regula	_				· (DIL CON	ISE	RV	ATION I	Divisi	NC		
Division have been complied with and that the information given above						JUL 2 3 1993							
is true and complete to the best of my knowledge and belief.						Date Approved							
- fin c John -					By_	ByBy							
Signature Dim E. Johnson Vice-President					Geologist								
Printer Name / / Title									- 3 - 1				
6/14/93	<u>(5</u>		93-4		Title								
Date		Tele	phone t	NO.	11								

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,
- Fill out only Sections 1, 11, 111, and VI for changes of operator, well name or number, transporter, or other such changes.
 Separate Form C-104 must be filed for each pool in multiply completed wells.

RECEIVED

OCU NUBBS

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O. (. D.