

OIL CONSERVATION DIVISION

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

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator <u>AMERICAN TRADING AND PRODUCTION CORP.</u>		Well API No. <u>30-025-29647</u>
Address <u>1331 LAMAR, Suite 1250 Houston TEXAS 77010</u>		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
New Well <input type="checkbox"/>	Change in Transporter of:	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>	<input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>
If change of operator give name and address of previous operator _____		

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Lowe Federal</u>	Well No. <u>1</u>	Pool Name, including Formation <u>STALLION DEVONIAN</u>	Kind of Lease State, <u>Federal</u> or Fee	Lease No. <u>NM-57730</u>
Location				
Unit Letter <u>D</u>	<u>330</u>	Feet From The <u>North</u> Line and <u>330</u>	Feet From The <u>West</u> Line	
Section <u>7</u>	Township <u>13 S</u>	Range <u>38 E</u>	NMPM, <u>LEA</u>	County

III. 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) <u>P.O. Box 2436 Abilene, Texas 79604</u>	
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) <u>P.O. Box 1589 Tulsa, Oklahoma 74102</u>	
If well produces oil or liquids, give location of tanks.	Unit <u>D</u>	Sec. <u>7</u>
	Twp. <u>13 S</u>	Rge. <u>38 E</u>
	Is gas actually connected? <u>Yes</u>	When? <u>6-18-86</u>

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)	Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded <u>3-3-86</u>	Date Compl. Ready to Prod. <u>4-25-86</u>		Total Depth <u>12,540</u>		P.B.T.D. <u>12,275</u>			
Elevations (DF, RKB, RT, GR, etc.) <u>3858 GR</u>	Name of Producing Formation <u>DEVONIAN</u>		Top Oil/Gas Pay <u>12156</u>		Tubing Depth <u>7260</u>			
Perforations <u>12190-12210</u>					Depth Casing Shoe <u>12,500</u>			

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<u>17 1/2</u>	<u>13 3/8</u>	<u>415</u>	<u>425</u>
<u>12 1/4</u>	<u>8 5/8</u>	<u>4550</u>	<u>2400</u>
<u>7 7/8</u>	<u>5 1/2</u>	<u>12500</u>	<u>1200</u>

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.

Signature Ric Leonard
Printed Name RIC LEONARD Title PRODUCTION ANALYST
Date 02-04-94 Telephone No. (713) 658-0445

OIL CONSERVATION DIVISION

Date Approved FEB 23 1994

ORIGINAL SIGNED BY JERRY SEXTON

By _____ DISTRICT I SUPERVISOR

Title _____

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