Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

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

State of New Mexico Ene Minerals and Natural Resources Department

Revised 1-1-89 e Instructions

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

I.	11240	TO TRAI	NSPC	ORT OIL	L AND NA	TURAL G	AS				
Operator								API No. 0 025 29811 D			
					30 025 29811						
Address	Name Maria			_							
P. O. Box 730 Hobbs, Reason(s) for Filing (Check proper be	New Mexico	88240	-2528	3	X O	her /Places evo	lair)				
New Well	-	Change in Transporter of: EFFECTIVE 6-1-91									
Recompletion	Oil										
Change in Operator	Casinghead		Condens	_							
If change of operator give name and address of previous operator	exaco Inc.	P. O. I	30x 7	30 F	lobbs, Ne	w Mexico	88240-2	2528			
II. DESCRIPTION OF WE	II AND IE	CE									
Lease Name Well No. Pool Name, Include					ing Formation Ki			of Lease I age 1		ease No.	
					ERMO UPPER PENN			, Federal or Fee		545270	
Location					· · · · · · · · · · · · · · · · · · ·		ISTA	/E	_ _		
Unit LetterC	. 660]	Feet Fro	m The NO	ORTH Li	ne and 231	0 F	eet From The V	/EST	Line	
Section 14 Town	1/										
Section 14 Tow	nship 14	10	Range	33 <u>E</u>	, <u>N</u>	MPM,	······································	LEA		County	
III. DESIGNATION OF TR	ANSPORTE	R OF OII	AND	NATU	RAL GAS						
Name of Authorized Transporter of O	il 😙	or Condens		5	Address (Gi	ve address to w		d copy of this for			
10x43 New Mexico Pipeline C					1670 Broadway Denver, Colorado 80202						
Warren Petro	ias 🗀	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1589 Tulsa, Oklahoma 74102									
If well produces oil or liquids, Unit Sec. Twp. I					is gas actually connected? When?					<u> </u>	
give location of tanks.	MI		145	33E	<u> </u>	YES	i	04/	25/87		
If this production is commingled with to IV. COMPLETION DATA	hat from any othe	r lease or po	ol, give	commingl	ing order num	iber:					
THE COMMEDITION DATA		Oil Well	G	s Well	New Well	Workover	Deepen	Plug Back S	D. I.	- h:wn :	
Designate Type of Completi	on - (X)		i ~			Wakote	Deebea	Flug Back S	ame Ket A	Diff Res'v	
Date Spudded	Date Compl	Date Compl. Ready to Prod.				·	. J	P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay						
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Oas	ray		Tubing Depth			
Perforations		·						Depth Casing	Shoe		
								'			
	TUBING, CASING AND				CEMENTI						
HOLE SIZE	CASI	CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT		
								ļ			
								<u> </u>			
					· · · · · · · · · · · · · · · · · · ·	·			···		
. TEST DATA AND REQU								<u> </u>			
OIL WELL (Test must be after	r recovery of tota	il volume of	load oil	and must i	be equal to or	exceed top allo	wable for thi	s depth or be for	full 24 how	rs.)	
Date First New Oil Run To Tank Date of Test					Producing Method (Flow, pump, gas lift, etc.)						
ength of Test	Tubing Press	Tubing Pressure				TRE		Choke Size			
•	Tuoing Treatite				Casing Pressure						
Actual Prod. During Test	Oil - Bbls.				Water - Bbls.			Gas- MCF			
						···					
GAS WELL									•		
Actual Prod. Test - MCF/D	Length of Test				Bbls. Conden	nate/MMCF		Gravity of Condensate			
sting Method (pitot, back pr.) Tubing Pressure (Shut-in)					Casing Pressure (Shut-in)			Choke Size			
**************************************							_				
L OPERATOR CERTIFI				E		\II	0551				
I hereby certify that the rules and regulations of the Oil Conservation						JIL CON	SERVA	ATION D	IVISIO	N	
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.					JUN 0 3 1991						
^	-	V4 4.			Date	Approved		9949		<u> </u>	
2.m. Mil	leus				_						
Signature					By CAMPINAL SHOPED BY MERY SEASON DISTRICT ESTIMATION						
K. M. Miller Div. Opers. Engr. Printed Name Title					T (4) =						
May 7, 1991		915-688	3-483	4	Title_						
Date		Telepho	ne 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.
- 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.