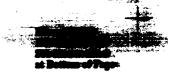
P.O. Box 1980, Hobbs, NM 88240

Statucal New Manistre



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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III
1000 Rio Bessos Rd., Aziec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator		I O I I I I I I	01 0111 01	E AND NA		Wall	API No.			
Gnoco Inc							50-025-00612			
Address IT Costa &	ortine 1	Hell	Mid	land.	TX 79-	_	-			
Reason(s) for Filing (Check proper box)	× 1110	<u> </u>	., , , , , ,		et (Please exp	laix)				
New Well		Change in Tr	nameporter of:		hange	M \ A	· ILMi	+ 1198	11 Com	
Recompletion Change in Operator	Oil Caringhee		ry Gas	\mathcal{F}	zatter	4#3	to B	attery	u from #2.	
If change of operator give same				-) 				
and address of previous operator										
II. DESCRIPTION OF WELL	AND LEA					1 252 4				
MCA Unit Stry	Mas (of Lease No. LC - 229 509A					
Location Unit Letter	. 19	<u>80 </u>	set Prom The S	uthi	معم لولو	LO Re	et From The	Last	_ ·	
Series 2 Tr-41								1.00		
Section C Townshi	P) R	- 3a i	- , N	MPM,		 	160	County	
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil										
Name of Authorized Transporter of Oil or Condensate						` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` `	copy of this form is to be sent) TESTAININ 88210			
Name of Authorized Transporter of Casinghand Gas Or Dry Gas					Address (Give address to which approved					
Consessing Malianar Las Plant				P.O. BOX 90 Ma			Lianal, MM 85064.			
if well produces oil or liquids,	Unit	Sec. T	wp. Rge.	is gas actual	y connected?	When	310	· · · · · · · · · · · · · · · · · · ·		
give location of trains.	121	3811.	12139E	Lyes			TIMI			
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	Gas Well	New Well	Workover	Deepea	Plug Back	Same Res'v	Diff Res'v	
nta Spudded Date Compl. Ready to Prod.			od.	Total Depth			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation			Top Oil/Gas Pay			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				he soud to or	erceed ton alle	mable for this	و ما جد بالحماد	for full 24 hour	1	
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 Pres			Casing Pressu	 re		Choke Size			
				<u> </u>			Gas- MCF			
Actual Prod. During Test	Oil - Bbis.			Water - Bbla.			Oas- MCF			
GAS WELL										
Actual Prod. Test - MCF/D					Bbis. Condensate/MMCF			Gravity of Condensate		
esting Method (pilot, back pr.)	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)			Choke Size			
VL OPERATOR CERTIFICATE OF COMPLIANCE				OIL CONSERVATION DIVISION						
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.				Date Approved						
Not have a				Date Approved						
Whatte dolson				By						
Mannette Nelson Gil Proch tralyst										
Printed Name	Q IE	Tit 5-686-	le (0553	Title.						
Date		Telepho								

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) Sept me Form C-104 must be filed for each pool in multiply completed wells.