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

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

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

OIL CONSERVATION DIVISION

P.O. Box 2088

DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410 Santa Fe, New Mexico 87504-2088
REQUEST FOR ALLOWABLE AND AUTHORIZATION

Operator		OIRA	ANSI	PORT OI	<u>L AND NA</u>	TURAL						
•	evon Energy Corporation (Nevada)						W			ell API No. 3002502796		
Address Supplies (Nevada)												
1500 Mid-America Towe Reason(s) for Filing (Check proper box)	r, 20 N	Broa	dway	y, Okla			73102					
New Well		Change in	Tmne	noder of		ier (Please ex	•					
Recompletion	Oil		Dry (or Name Ef	fectiv	e		
Change in Operator	Casinghead	Gas [iensate	Ji	uly 1, 1	.992					
If change of operator give name and address of previous operator. Hond	o Oil &	Gas C		P. O. 1	3ox 2208	, Roswel	ll, NM	88202				
II. DESCRIPTION OF WELL												
Lease Name Eidson "A" WN	ling Formation			nd of Lease No.		ease No.						
Location A WN		3	S	hoe Bar	Penn			tte, Federal or Fee	;, Federal or Fee			
Unit LetterL	_ : 19	80	Feet	Emm The	South Lin	4	9.90		West			
5		_		_		e and	•	Feet From The		Line		
Section 26 Townshi	p 16	<u>S</u>	Rang	<u>e</u> 35	E , N	MPM,		Lea		County		
III. DESIGNATION OF TRAN	SPORTE	OF O	IL Al	ND NATL	IRAL GAS							
Name of Authorized Transporter of Oil	X	or Conder	asale			e address to	which appro	ved copy of this for	m is to be s	ens)		
Texas-New Mexico Pipe Name of Authorized Transporter of Casin	line Co				P. O.	Box 2528	8, Hobb	s, NM 882	40			
Warren Petroleum Corp.					Address (Give address to which approved copy of this form is to be sent) P. O. Box 1589, Tulsa, OK 74102					ınt)		
If well produces oil or liquids, give location of tanks,	produces oil or liquids, Unit Sec. Twp. Rg.				Is gas actuall			en?				
If this production is commingled with that	[mm any other	26	<u> 16s</u>	35				6/30/61				
IV. COMPLETION DATA	Total any othe	i icase of	pool, g	nve comming	ling order num	er:		 				
Designate Type of Completion	- (20)	Oil Well		Gas Well	New Well	Workover	Deepen	Plug Back S	ame Res'v	Diff Res'v		
Date Spudded	Date Compl	Ready to	Provi		Total Depth			1		i		
	The complication to Freez							P.B.T.D.	F.B.1.U.			
Revations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas	Pay	· · · · · · · · · · · · · · · · · · ·	Tubing Depth	Tubing Depth			
Perforations					L	·		- D - I - C				
								Depth Casing	Shoe			
	CEMENTI	NG RECO	RD									
HOLE SIZE CASING & TUE				SIZE	DEPTH SET			SACKS CEMENT				
					<u> </u>							
V. TEST DATA AND REQUES	TFORAL	LOW	ADIT									
					be equal to or	exceed ion al	llaumhle far i	this death on he for	6.81.24 5	1		
Date First New Oil Run To Tank Date of Test					t be equal to or exceed top allowable for this depth or be for full 24 hours.) Producing Method (Flow, pump, gas lift, etc.)							
Length of Test	T. 1.					· · · · · · · · · · · · · · · · · · ·						
Leagur or Test	Tubing Pressure				Casing Pressu	re		Choke Size	Choke Size			
Actual Prod. During Test	Oil - Bbls.				Water - Bbls.		-	Gas- MCF	Gas- MCF			
4.01.11.11.11.11.11.11.11.11.11.11.11.11.												
GAS WELL Actual Prod. Test - MCF/D	, TT 3 230											
Actual Flore Test - MICE/D	Length of Test				Bbls. Conden	sate/MMCF		Gravity of Con	Gravity of Condensate			
esting Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size	Choke Size			
VI. OPERATOR CERTIFIC	ATE OF	COMP	LIA	NCE]		NOEDI	MTION D	NACIO	\ \ \ \		
I hereby certify that the rules and regula Division have been complied with and t	hat the inform	ation give	vation en abov	/e		JIL OOI	NOEU	VATION D	111210	11/1		
is true and complete to the best of my	nowledge and	belief.		•	Date	Annrow	24					
UM() V S					Date	Date Approved						
Signature J					JUL 0 8 '92							
J. M. Duckworth Operations Manager					Orig. Signed by Title Paul Kauts							
4/30/42	405/2	235-36	Title		Title.		Geologi Geologi	ing.				
Date Telephone No.						G60108						

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.