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Appropriate District Office
DISTRICT 1
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

Santa Fe, New Mexico 87504-2088 DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410 REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS Operator Well API No. Amax Oil & Gas Inc. Address P.O. Box 42806, Houston, TX 77042 Reason(s) for Filing (Check proper box) Other (Please explain) New Well Change in Transporter of: Recompletion Oil X Dry Gas Change in Operator Condensate Casinghead Gas If change of operator give name and address of previous operator II. DESCRIPTION OF WELL AND LEASE Lease Name Well No. Pool Name, Including Formation Kind of Lease Lease No. State, Federal of Fee Gann <u>Caudill Devonion</u> Location 2310 990 Feet From The West Feet From The North Line and Unit Letter 9 15-S 36-E , NMPM, County III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Gil or Condensate Address (Give dadress to which approved copy of this form is to be sent) <u>Navajo R</u>efining Com**p**âny P.O. Box 159, Artesia, NM 88210 Name of Authorized Transporter of Casinghead Gas XX or Dry Gas Address (Give address to which approved copy of this form is to be sent) Warren Petroleum Company P.O. Box 1589, Tulsa, 0 K If well produces oil or liquids, Twp. Unit Sec. When? Rge. Is gas actually connected? give location of tanks. 9 1155 | 36E Y<u>es</u> 6-8-81 If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Oil Well Gas Well New Well Workover Deepen Plug Back Same Res'v Diff Res'v Designate Type of Completion - (X) Date Spudded Total Depth Date Compl. Ready to Prod. PRTD Elevations (DF, RKB, RT, GR, etc.) Top Oil/Gas Pav Name of Producing Formation Tubing Depth Perforations Depth Casing Shoe TUBING, CASING AND CEMENTING RECORD HOLE SIZE **CASING & TUBING SIZE DEPTH SET** SACKS CEMENT 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 Casing Pressure Choke Size Tubing Pressure Actual Prod. During Test Gas- MCF Water - Bbls. Oil - Bbls. **GAS WELL** Actual Prod. Test - MCF/D Length of Test Bbls. Condensate/MMCF Gravity of Condensate Testing Method (pitot, back pr.) Tubing Pressure (Shut-in) Choke Size Casing Pressure (Shut-in) VI. 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 By ORIGINAL SIGNED BY JERRY SEXTON Sherry DISTRICT I SUPERVISOR Vasek Production Production Analyst Printed Name Title Title (713)978-7700 Telephone No

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

9/17/91

Date

- 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.

RECL.

SEP 23 1991

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HOBBE OFFICE