Revised I-1-89
See Instructions
at Bottom of Page

P.O. Box 1980, Hobbs, NM 88240 DISTRICT II P.O. Drawer DD, Anesia, NM 88210

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

ONSERVATION DIVISION OIL

P.O. Box 2088

Santa Fe, New Mexico 87504-2088 REQUEST FOR ALLOWABLE AND AUTHORIZATION

Operator	TO TRANSPOR	RT OIL AND NATURAL C	MARION	
Kersey	E CA	OLIVINO NATONAL (Well API No.	
Address			30-025-31092	
BOY GI	and, Artesia, N.Me	i.	3,012	
Reason(s) for Filing (Check proper	· · · · · ·	Other (Please eve	lain)	
Recompletion	Change in Transporter	of:	CASINGHEAD GAS MUST NOT B	
hange in Operator	Diy Gas		FLARED AFTER 12-1-91	
change of operator give name	Casinghead Gas Condensate		LINESS AN EXCEPTION TO R-4	
ad address of previous operator			IS OBTAINED.	
. DESCRIPTION OF W.	ELL AND LEASE			
Hover	Well No. Pool Name,	Including Formation	Kind of Lease	
ocation	- Nai	Including Formation Compression Compressio	State) Federal or Fee B-4109	
Unit Letter 1+	: 1820 Feet From 7		and of	
20		The Morth Line and 3	30 Feet From The East Line	
Section 32 To	wnship \75 Range	32E, NMPM.		
DESIGNATION OF T	DANCE OF OR		Lea County	
	RANSPORTER OF OIL AND N	ATURAL GAS		
· Navain K	ot _	Address (Give address to who	ich approved copy of this form is to be sent)	
me of Authorized Transporter of (Casinghead Gas or Dry Gas			
vell produces oil or liquids,			ich approved copy of this form is to be sent)	
location of tanks.	Unit Sec. Twp.	- B Connected	When?	
is production is commingled with	that from any other lease or pool, give com	2E		
COMPLETION DATA	com	mingling order number:		
Designate Type of Complete	Oil Well Gas We	ell New Well Workover		
s Spudded		1 × 1	Deepen Plug Back Same Res'v Diff Res'v	
Mar 1, 1991	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
ations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	4245 Top Oil/Gas Pay	3910'	
orations	Greaghorg-San And	3813'	Tuhing Depth	
			3 € 50	
2010, 2010, 3821, 3	E32, 3836,3844,3854,3	1865,3873 Producin	Depth Casing Shoe	
HOLE SIZE	TOBING, CASING A	ND CEMENTING RECORD		
111	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
8"	4/2"	1065,	<u>525</u>	
	23,,,,	42461.	1100	
FCT DATA AND DEOX	Dom no	1850		
WELL Test must be after	EST FOR ALLOWABLE			
First New Oil Run To Tank	r recovery of total volume of load oil and m Date of Test	rust be equal to or exceed top allowa	ble for this depth or be for full 24 hours.)	
30pt 25, 1991	Sept. 30,1901	Trouble meniod (Flow, pump,	gas lift, etc.)	
n of Test 24 h rs	Tubing Pressure	Casing Pressure	Choke Size	
Prod. During Test	0	200 PS1	Choke Size	
55	Oil - Bbls.	Water - Bbls.	Gas- MCF	
WELL		5.	Not incosured	
Prod. Test - MCF/D	Length of Test			
	The state of the s	Bbis. Condensate/MMCF	Gravity of Condensate	
Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)		
		(Stut-IB)	Choke Size	
PERATOR CERTIFIC	CATE OF COMPLIANCE			
reby centry that the rules and repu	lations of the Oil Community	OIL CONSE	ERVATION DIVISION	
sion have been complied with and that the information given above ue and complete to the best of my knowledge and belief.				
. 1	and belief.	Date Approved _	OGT 2 2 1991,	
Dawer K	E1200	FP.0704 _		
ature	7	By_ORIGINAL	NING DAY	
ed Name Carold Kersey Ca-owner		DISTRIC	By ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR	
Oct. 8, 1991		Title		
	Telephone No.			
CTD HOWKANA				
SIKUCITONS: This form	n is to be filed in compliance with	Pula 1104		

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

Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance

All sections of this form must be filled out for allowable on new and recompleted wells.

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

RECEIVED

OCT 21 1991

HOSBS OFFICE