

OIL CONSERVATION DIVISION

P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

PSA PRODUCERS 250 Cook Plaza Well API No. N/A

P.O. Box 755 Hobbs N.M. 88240

for Filing (Check proper box) ☐ Other (Please explain)

Change in Transporter of:  
Oil ☐ Dry Gas ☐  
Casinghead Gas ☒ Condensate ☐

Operator give name  
of previous operator

DESCRIPTION OF WELL AND LEASE

East Ek Green Unit Well No. 3 Pool Name, Including Formation Ek Green, East Kind of Lease State Federal or Fee Lease No. E-3072-3

Main Letter K : 1980 Feet From The South Line and 1980 Feet From The West Line

Section 22 Township 18-5 Range 34-E, NMPM, LEA County

SIGNATURE OF TRANSPORTER OF OIL AND NATURAL GAS

Authorized Transporter of Oil ☒ or Condensate ☐ Address (Give address to which approved copy of this form is to be sent) 1406 West County Road Hobbs N.M. 88240  
Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐ Address (Give address to which approved copy of this form is to be sent) 1406 West County Road Hobbs N.M. 88240  
Unit Sec. Twp. Rge. Is gas actually connected? When? 1-11-91

Completion is commingled with that from any other lease or pool, give commingling order number:

COMPLETION DATA

Designate Type of Completion - (X) Oil Well Gas Well New Well Workover Deepen Plug Back Same Res'v Diff Res'v  
Date Compl. Ready to Prod. Total Depth P.B.T.D.  
Name of Producing Formation Top Oil/Gas Pay Tubing Depth  
Depth Casing Shoe

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

TEST DATA AND REQUEST FOR ALLOWABLE

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.)

Flow Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)
Test	Tubing Pressure	Casing Pressure
During Test	Oil - Bbls.	Water - Bbls.

WELL

Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Test (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

OPERATOR CERTIFICATE OF COMPLIANCE

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.

Joe Pruitt  
Joe Pruitt owner-operator  
Title  
505-343-7092  
Telephone No.  
6-24-91

OIL CONSERVATION DIVISION

JUN 28 1991

Date Approved

By ORIGINAL SIGNATURE

Title

INSTRUCTIONS: 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 with Rule 111.

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  
JUN 27 1994  
KOLBE OFFICE