Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department Revised 1-1-89 See Instruction

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

## OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III	Banka 1 C, 11CW Mickley 0750 7 2000			
1000 Rio Brazos Rd., Aztec, NM 87410	REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS			
Operator	70 110 110 110 110 110 110 110 110 110 1	Well API No.		
1 •	1	30-025-		

••		THE ABOVE
Operator		Well API No.
. ا د د	K Phemoni	30-025-20876
J 6, C	1 KEMON.	
Address		
8316	Chicago habbeets	Texas 79 474
Reason(s) for Filing (Check		Other (Please explain)
New Well	Change in Transporter of:	
Recompletion	] Oil 🔀 Dry Gas 📙	
Change in Operator	Casinghead Gas Condensate	
If change of operator give na	ime	
and address of previous oper		

II. DESCRIPTION OF WELL AND LEASE Well No. Pool Name, Including Formation Kind of Lease Lease No. State, Federal or Fee 40068019 SO Feet From The No.74 Line and

III. DESIGNATION OF TRA		or Conde			Address (Give address to which	approved copy of this form is to be sent)	50.
Pride Pipeh	MC Co	MPar			PO, Box 243		
Name of Authorized Transporter of Ca	singhead Gas		or Dry C	as [ ]	Address (Give address to which	approved copy of this form is to be sent)	
	MONG						
If well produces oil or liquids,	Unit	Sec.	Twp.	Rge.	is gas actually connected?	When ?	
give location of tanks.	iF	119	195	1775	17ラ		
Ethic production is commissed with the		han lanea ar	-and aire	comminal	an order sumber		

		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Designate Type of Completion	- (X)	j	İ			<u> </u>	l	1	1
Date Spudded	Date Compl. Ready to Prod.			Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	oducing Form	ation	Top Oil/Gas Pay			Tubing Depth			
Perforations	<u> </u>			<u> </u>			Depth Casir	ng Shoe	
	Т	UBING, C	ASING AND	CEMENTI	NG RECOR	D			
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT			
	1								

TEST DATA AND REQUEST FOR ALLOWABLE ust be equal to an exceed top allowable for this depth or be for full 24 hours.)

Lite First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)		
xugth of Tes	Tubing Pressure	Casing Pressure	Choke Size	
octual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas- MCF	
GAS WELL				
Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate	

Choke Size Casing Pressure (Shut-in) Tubing Pressure (Shut-in) lesting Method (puot, back pr.)

## VI. 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.

	80-
Signature ( 19 1)	Phemoni - Asent
Printed Name	Title
<b>ス-ス-9</b> 0	806-794.0435
Date	Telephone No.

## OIL CONSERVATION DIVIS: FEB 07 1990

Date Approved

ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR

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
- 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.