State of New Mexico ... Energy, Minerals and Natural Resources-Depo

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

OIL CONSERVATION DIVISION P.O. Box 2088

Santa Fe. New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410						LE AND						••		
Coperator		TO TRA	NSP	ORT		AND NA	TUR	AL GA		AW No.				
R.W.K. Resource		Well API No. 30-025-26104												
Address 120 Birmingham	Dr.,	Suite	210) Car	di	ff CA	9	2007						
Reason(s) for Filing (Check proper box)				***			et (Ple	ase expla	ia)					
Ngw Well Recompletion	Oil	Change in	Dry Ga]	≈ ^								
Change in Operator	Casinghe	ıd Gas 🗌	Conden						Е	ffective	date 1	1/1/90		
f change of operator give same Ch	nevron	U.S.A.	Inc,	P.O.	В	ox 1150.	Mi	dland	Texas	7 9702				
IL DESCRIPTION OF WELL	AND LE	ASE												
Lease Name Lea "YH" State	Well No. Pool Name, Includin								of Lease L. Endersker: End		esse No.			
Location		<u> </u>	Ali	STFI	p w	erream b	00-	i speri	1					
Unit Letter0	· · · · · · · ·	'60	Feet Fr	om The		South	e and _	1980	Fo	et From The .	East	Line		
Section 25 Township	18	S	Range	34	E	, N	мрм,	Lea				County		
III. DESIGNATION OF TRANS	SPORTE	R OF O	II. AN	TI NAT	ri it	PAL GAS						-		
Name of Authorized Transporter of Oil	<u> </u>	or Conder	este			Address (Giv				copy of this f		me)		
KOCH Oil Corp. a div. of KOCH Ind.					-					d, Texas				
					_	7.0						 ,		
If well produces oil or liquids, give location of tanks.	Unit	Sec. 	Twp.	R	2 0.	is gas actual	y com	ected?	When	7				
f this production is commingled with that i	from any od	her lease or	pool, giv	ve commi	ingli	ng order num	ber:	DHC	-689					
V. COMPLETION DATA		Oil Well		Gas Well		New Well	17/-	kover		A Pro- Pro-t-	le But			
Designate Type of Completion	- (X)	OII MEII		'YE MEII) 	Mem Men	l Mou	KOVET	Deepen	Flug Back	Same Res'v	Diff Res'v		
Date Spudded	Date Com	pi. Ready to	Prod.			Total Depth				P.B.T.D.	-			
evations (DF, RKB, RT, GR, etc.) Name of Producing Formation						Top Oil/Gas Pay				Tubing Depth				
erforations										Depth Casing Shoe				
								 .						
HOLE SIZE	T -				ID (CEMENTI		ECORI	<u> </u>		SACKS CEM	ENT		
HOLE SIZE	HOLE SIZE CASING & TUBING SIZE						ULF	II JEI		O G G GENETT				
	 				-									
V. TEST DATA AND REQUES	T FOR	ALLOW	ABLE							.1				
OIL WELL (Test must be after re Date First New Oil Run To Tank			of load o	oil and m	_						for full 24 hou	rs.)		
Date First New Oil Rust 10 120K	Date of Te	: द				Producing Mo	triod (1	riow, pun		nc.)				
Length of Test	Tubing Pr	essure				Casing Press	ire			Choke Size	Choke Size			
Actual Prod. During Test	Oil - Bbls.				Water - Bbis.				Gas- MCF					
GAS WELL	<u> </u>				1	.				<u> </u>				
Actual Prod. Test - MCF/D	Length of Test					Bbls. Condensate/MMCF				Gravity of Condensate				
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				-	Casing Pressure (Shut-in)				Choke Size				
					_									
VI. OPERATOR CERTIFICATION I hereby certify that the rules and regulated blvinion have been complied with and the is true and complete to the best of my in	tions of the	Oil Conser	vation		, ,	<u> </u>				ATION I	13.04	N		
Leui K	la	ent	Le	ú. L		B. (1)	• •							
Signature Reiner Klawit	ter, E	resid	ent			By_			ike ii	<u> </u>				
Printed Name 11/29/90	(610) 943	Title -844	. s		Title								
Date	<u>\ \.\\</u>		phone N		• [

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 L. II. III. and VI for changes of operator, well name or number transporter, or other such change

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

State of New Mexico... Energy, Minerals and Natural Resource: Department:

Form C-10 to Restant & 1-20 m Schlasteration at Bellem of Poss

DISTRICT II
P.O. Drawer DD, Astonio, NSA 88219

OIL CONSERVATION DIVISION P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Aztec, NIM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator		10 16	1101	OHI UII	AND NATURAL		Wall A						
R.W.K. Resourc	es. Tr	nC -				1	Well A) - 025-26	10/				
Address			·					023-26	5104	.			
120 Birmingham	Dr.,	Suite	21	.0 Card	iff CA 920	07							
Reason(s) for Filing (Check proper box)				 -	Other (Please e								
New Mell		Change is	Trans	porter of:	_	•							
Recompletion	Oil		Dry	Gas 🔲									
Change in Operator 😢	ıd Gas 🗌	Cond	ensus		fective date 12/1/90								
If change of operator give name and address of previous operator Cl	evron	U.S.A.	Inc	. P.O. 1	Box 1150, Midla	nd Te	2426	79702					
				,	75. 1150; 11141a	ind, I	CAGS	19702		- 4			
IL DESCRIPTION OF WELL	AND LE	,											
•	Lease Name Lea "YH" State Well No. Pool Name, including the state 1 Airstrip 1 Airst							Lease	eses No.				
Lea "YH" State	Wolfcamp	1	9	Enderal se En									
0	7	'60			Courth 16	200							
Unit Letter	- :	00	_ Feet i	From The	South Line and 19	980	Fe	t From The .	East	Line			
Section 25 Township	18	S	Rang	a 34 E	AD COM C	Lea				_			
Occase 10wdain		<u> </u>	Kang	<u> </u>	, NMPM,	<u>-ca</u>				County			
III. DESIGNATION OF TRAN	SPORTE	ROFO	II. Al	ND NATII	RAL GAS								
Name of Authorized Transporter of Oil	[or Conde			Address (Give address to	which ap	proved	copy of this fo	orm is to be a	and)			
KOCH Oil Corp. a d	iv. of	KOCH I	nd.	لــا	P.O. Box 360								
Name of Authorized Transporter of Casing	head Gas		or Dr	y Gas 🔲	Address (Give address to					me)			
if well produces oil or liquids, zive location of tanks.	Unit	Sec.	Twp.	Rge.	is gas actually connected	ned? When ?							
· · · · · · · · · · · · · · · · · · ·			<u> </u>	l									
If this production is commingled with that it IV. COMPLETION DATA	tom any oth	er lease or	pool, g	ive comming	ing order number:	OHC-689	9			 			
IV. COMPLETION DATA		10000)		,		·				
Designate Type of Completion -	· (X)	Oil Well	' !	Gas Well	New Well Workover	r Dea	epen	Plug Back	Same Res'v	Diff Res'v			
Date Spudded	Date Com	ni. Ready to	o Prod		Total Depth	<u>l</u>		DDTD	l	┸			
		,, L						P.B.T.D.					
Elevations (DF, RKB, RT, GR, etc.)	Name of P	roducing F	onnatio	XC	Top Oil/Gas Pay		Tubing Depth						
, , , , , , , , , , , , , , , , , , , ,				-			rubing Separ						
Perforations	1		-	-		Depth Casing Shoe							
								•	_				
	7	UBING,	CAS	ING AND	CEMENTING RECO	ORD							
HOLE SIZE CASING & TUBING SIZE					DEPTH S			SACKS CEMENT					
V TECT DATA AND DECUES	T FOR												
V. TEST DATA AND REQUES													
OIL WELL (Test must be after re Date First New Oil Run To Tank			of load	oil and must	be equal to or exceed top				or full 24 hou	3.)			
Date First New Oil Ruit 10 1202	Date of Te	Ø			Producing Method (Flow	, ритр, да	is lýt, el	c.)		1			
Length of Test	th of Test						Casing Pressure						
ngth of Test Tubing Pressure					Casing 1 (Casino			Choke Size					
Actual Prod. During Test Oil - Bbls.				Water - Bbis		Gas- MCF							
On Polis.													
GAS WELL	<u> </u>						1			- J			
Actual Prod. Test - MCF/D	Length of		_		Bbis. Condensate/MMCF			C: 7					
Acmai Flore Test - MICE/D	BOIL COLORESME MIMCE			Gravity of Condensate									
Tubing Method (puot, back pr.) Tubing Pressure (Shist-in)					Casing Pressure (Shut-in)			Choke Size					
(Paul, Calab,)			_,		CELEG 11-11-10 (SILE 12)			G.000 020					
VI OPERATOR CERTIFICA	ATE OF	COLE	T T A 1	NOTE:			1						
VI. OPERATOR CERTIFICA				NCE	סוו ככ	NSE	RVΔ	TION	NIVISIO	N			
I hereby certify that the rules and regular Division have been compiled with and the	OIL CONSERVATION DIVISION												
is true and complete to the best of my to	Date Approved												
	1/1	\bot			l nate Abbro	vea							
Ken. K	_												
Signature	By					·							
Reiner Klawit	er, P	resid					•						
11/29/90	(619) 943	Title Q /	Λ Ω	Title								
Date	.013		phone i										
					II.								

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.
- 1) Sangree Earm C.1M must be filed for each and in ___iii.