

District I
PO Box 1980, Hobbs, NM 88241-1980
District II
PO Drawer DD, Artesia, NM 88211-0719
District III
1000 Rio Brames Rd., Aztec, NM 87410
District IV
PO Box 2088, Santa Fe, NM 87504-2088

State of New Mexico
Energy, Minerals & Natural Resources Department

OIL CONSERVATION DIVISION
PO Box 2088
Santa Fe, NM 87504-2088

Form C-10-
Revised February 10, 199-
Instructions on back
Submit to Appropriate District Office:
5 Copies

☐ AMENDED REPORT

I. REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT

Operator name and Address ERWIN OIL & GAS LTD. CO. PO BOX 1234 HOBBS NM 88241		OGRID Number 018703
Reason for Filing Code NAME CHANGE		2/1/95
API Number 30 - 0 25-03029	Pool Name VACUUM GB/SA	Pool Code 62180
Property Code 004128	Property Name STATE BJ	Well Number 1

II. Surface Location

UL or lot no. M	Section 35	Township 17-S	Range 35-E	Lot Ida	Feet from the	North/South Line S	Feet from the	East/West line W	County LEA
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Bottom Hole Location

UL or lot no. SAME	Section	Township	Range	Lot Ida	Feet from the	North/South line	Feet from the	East/West line	County LEA
Lee Code S	Producing Method Code PUMPING	Gas Connection Date 2/1/92	C-129 Permit Number	C-129 Effective Date	C-129 Expiration Date				

III. Oil and Gas Transporters

Transporter OGRID 012852	Transporter Name and Address KOCH SERVICE INC. TRUCKS	POD 0945310	O/G O	POD ULSTR Location and Description
				NO GAS CONNECTION

IV. Produced Water

POD 0945350	POD ULSTR Location and Description
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V. Well Completion Data

Spud Date	Ready Date	TD	PBTD	Perforations
Hole Size	Casing & Tubing Size	Depth Set	Sacks Cement	

VI. Well Test Data

Date New Oil	Gas Delivery Date	Test Date	Test Length	Tbg. Pressure	Cog. Pressure
Choke Size	Oil	Water	Gas	AOF	Test Method

I hereby certify that the rules 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.

Signature: *Ralph E. Erwin*
Printed name: Ralph E. Erwin
Title: Owner
Date: 3/22/95 Phone: 393-3725

OIL CONSERVATION DIVISION

Approved by: ORIGINAL SIGNED BY
Title: GARY WINK
FIELD REP. II
Approval Date: APR 17 1995

If this is a change of operator fill in the OGRID number and name of the previous operator

Previous Operator Signature	Printed Name	Title	Date
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Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

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

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

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

OIL CONSERVATION DIVISION

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator Ralph E. Erwin	Well API No. 30-025-03029
Address c/o Oil Reports & Gas Services, Inc., P.O. Box 755, Hobbs, NM 88241	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain) New Well <input type="checkbox"/> Change in Transporter of: Effective 2/1/92 Recompletion <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Change in Operator <input checked="" type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
If change of operator give name and address of previous operator Dewey E. Sparger, P.O. Box 755, Hobbs, NM 88241	

II. DESCRIPTION OF WELL AND LEASE

Lease Name State "BJ"	Well No. 1	Pool Name, Including Formation Vacuum San Andres	Kind of Lease State, Federal or Foreign	Lease No. B-1482
Location Unit Letter M : 990 Feet From The South Line and 330 Feet From The West Line Section 35 Township 17S Range 35E, NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil or Condensate Koch Oil Company of Texas, Inc.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 2256, Wichita, KS 67201
Name of Authorized Transporter of Casinghead Gas Phillips Petroleum Company	Address (Give address to which approved copy of this form is to be sent) Bartlesville, OK 74004
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When ? K 35 17S 35E Yes 2/16/78

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			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	Tubing Pressure	Casing Pressure	Choke Size
Actual 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
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

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.

Signature
Donna Holler
Printed Name
2/13/92
Date
Agent
Title
505-393-2727
Telephone No.

OIL CONSERVATION DIVISION

Date Approved

By

Title

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.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.