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## State of New Mexico Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

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

DISTRICT III 1000 Rio Brazos Rd., Azzec, NM \$7410

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

		_
REQUEST FOR	ALLOWABLE AND	<b>AUTHORIZATION</b>

I.	T	OTRA	NSP	ORT OIL	AND NAT	URAL GA	<u>\S</u>	THE STATE OF THE S			
Operator							API No. 025 00960				
Address							_				
P. O. Box 730 Hobbs, Nev	/ Mexico	88240	) <del>-252</del>	28	X Othe	r (Please expla	uin)				
Reason(s) for Filing (Check proper box)		Change in	Transp	orter of:		FECTIVE 6					
New Well	Oil .	~_	Dry G								
Recompletion	Casinghead		Conde								
i change of operator give name	co Inc.	P. O.	Box	730 H	obbs. Nev	/ Mexico	88240-2	528			
and address of previous operator										<del></del> :	
II. DESCRIPTION OF WELL A	Vell No.   Pool Name, Including Formation					State	Kind of Lease State, Federal or Fee 436570				
LITTLE EDDY UNIT AUDIE RK	HARDS	1	SAL	T LAKE M	ORROW, S	OUTH (GAS	) ISTA	TE	1000.		
Location Unit Letter P	:660		. Feet F	from The SO	UTH Lim	and660	)I	eet From The	EAST	Line	
Section 25 Township	, 20	<u>s</u>	Range	32E	, NI	ирм,		LEA		County	
III. DESIGNATION OF TRAN	SPORTER	OF O	IL AN	ND NATU	RAL GAS						
Name of Authorized Transporter of Oil		or Conden		X	Address (Giv			d copy of this fo			
Texaco Trading & Transport								te. 600 Ho			
Name of Authorized Transporter of Casinghead Gas or Dry Gas X Texaco Exploration and Production Inc.			P.	O. Box 11	37 Euni	ce, New M	copy of this form is to be sent) e, New Mexico 88231				
If well produces oil or liquids, give location of tanks.	Р	Sec. 25	Twp. 205		<u> </u>	YES	Whe		KNOWN		
If this production is commingled with that	rom any othe	r lease or	pool, g	ive commingl	ing order numi	er:	<del></del>				
IV. COMPLETION DATA	<i>a</i>	Oil Well	Ţ	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion	- (A)	Ready to	Prod		Total Depth	L	<u>.L</u>	P.B.T.D.			
Date Spudded	Date Comp	. Realy u	7 1 100					1.5			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation			Top Oil/Gas Pay			Tubing Depth				
Perforations	<u> </u>				<u> </u>			Depth Casin	g Shoe		
	T	UBING.	CAS	ING AND	CEMENTI	NG RECOR	D				
HOLE SIZE				SIZE		DEPTH SET	· 		SACKS CEMENT		
							<del></del>	<del></del>			
										<u>,</u>	
	ļ <del>-</del>				<del> </del>						
V. TEST DATA AND REQUES	TEODA	HOW	ARLI	2	L	<del></del>					
OIL WELL (Test must be after r	ecovery of tot	al volume	of load	I oil and must	be equal to or	exceed top all	owable for t	his depth or be j	for full 24 hou	rs.)	
Date First New Oil Run To Tank  Date of Test					be equal to or exceed top allowable for this depth or be for full 24 hours.)  Producing Method (Flow, pump, gas lift, etc.)						
Length of Test	Tubing Pres	Tubing Pressure			Casing Pressure			Choke Size			
Actual Prod. During Test	Oil - Bbls.			Water - Bbis.			Gas- MCF				
GAS WELL		<del></del>			1			<del></del>	· ·		
Actual Prod. Test - MCF/D					Bbls. Condensate/MMCF			Gravity of C	Gravity of Condensate		
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)			Choke Size				
VI. OPERATOR CERTIFIC	ATE OF	COM	DT TA	NCF							
I hereby certify that the rules and regul						DIL COI	<b>USER</b>	VATION	DIVISIO	NÇ	
Division have been complied with and	that the infor	mation giv	en abo	ve				·J(	UJ UJ	1221	
is true and complete to the best of my					Date	Approve	ed				
7/m Mille	6)					• •				-	
Signature K. M. Miller	·	Div. Op	ers.	Engr.	By_			oby Jerby Convente			
Printed Name May 7, 1991		<del></del>	Title		Title						
May 7, 1991			ephone								

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.