

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

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

OIL CONSERVATION DIVISION

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator National Coop. Refinery Assoc.	Well API No. 30-025-02426-00-S1
Address 415 W1 Wall, Suite 2215, Midland, Texas 79701	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input type="checkbox"/>	Change in Transporter of: <input type="checkbox"/>
Recompletion <input checked="" type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of operator give name
and address of previous operator

II. DESCRIPTION OF WELL AND LEASE

Lease Name Federal 11-20-34	Well No. 1	Pool Name, including Formation Lea (Bone Spring)	Kind of Lease State, (Federal) or Fee	Lease No. NM-0631
Location Unit Letter <u>F</u> : <u>1980</u> Feet From The <u>North</u> Line and <u>2130</u> Feet From The <u>West</u> Line Section <u>11</u> Township <u>20-S</u> Range <u>34-E</u> , <u>NMPM</u> , <u>Lea</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) Texas-New Mexico Pipeline Company P. O. Box 2528, Hobbs, New Mexico 88240					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) Phillips 66 Natural Gas Company 4001 Penbrook, Odessa, Texas 79762					
If well produces oil or liquids, give location of tanks.	Unit F	Sec. 11	Twp. 20-S	Rge. 34-E	Is gas actually connected? Yes	When ?

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 X	Gas Well	New Well	Workover	Deepen	Plug Back X	Same Res'v	Diff Res'v X
Date Spudded -	Date Compl. Ready to Prod. 3-2-90		Total Depth 14619'		P.B.T.D. 12926'			
Elevations (DF, RKB, RT, GR, etc.) 3654' GL, 3666' DF	Name of Producing Formation Bone Spring		Top Oil/Gas Pay 9475'		Tubing Depth 10130'			
Perforations 9476-9496'; 9523-9538'; 9560' 9568'; 9572-9577'; 10158-10166'; 10253-10258'					Depth Casing Shoe -			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
24"	16"		723'		1200sx			
13 3/4"	10 3/4"		5293'		3420sx			
9 3/8"	7"		14360'		1700sx			
-	*2 7/8" & 2 3/8"		*3178' & 10130'		-			

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 3-2-90	Date of Test 3-31-90	Producing Method (Flow, pump, gas lift, etc.) Pumping - RHBC 2 x 1 1/4" Pump	
Length of Test 24 hrs.	Tubing Pressure 60#	Casing Pressure 60#	Choke Size -
Actual Prod. During Test 58 BO	Oil - Bbls. 58	Water - Bbls. 24	Gas- MCF 122

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 Carrie A. Baze
Carrie A. Baze Production Clerk
Printed Name
4-3-90 Title
Date 915/683-2734
Telephone No.

OIL CONSERVATION DIVISION

Date Approved APR 5 1990

By ORIGINAL SIGNED BY DISTRICT SUPERVISOR
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.

P.B.T.D. 12926'

Submit to Appropriate
District Office
State Lease - 4 copies
Fee Lease - 3 copies

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-102
Revised 1-1-89

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WELL LOCATION AND ACREAGE DEDICATION PLAT

All Distances must be from the outer boundaries of the section

Operator National Coop. Refinery Assoc.			Lease Federal 11-20-34		Well No. 1
Unit Letter F	Section 11	Township 20 South	Range 34 East	County Lea	

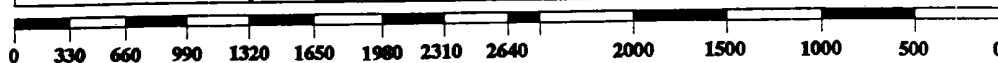
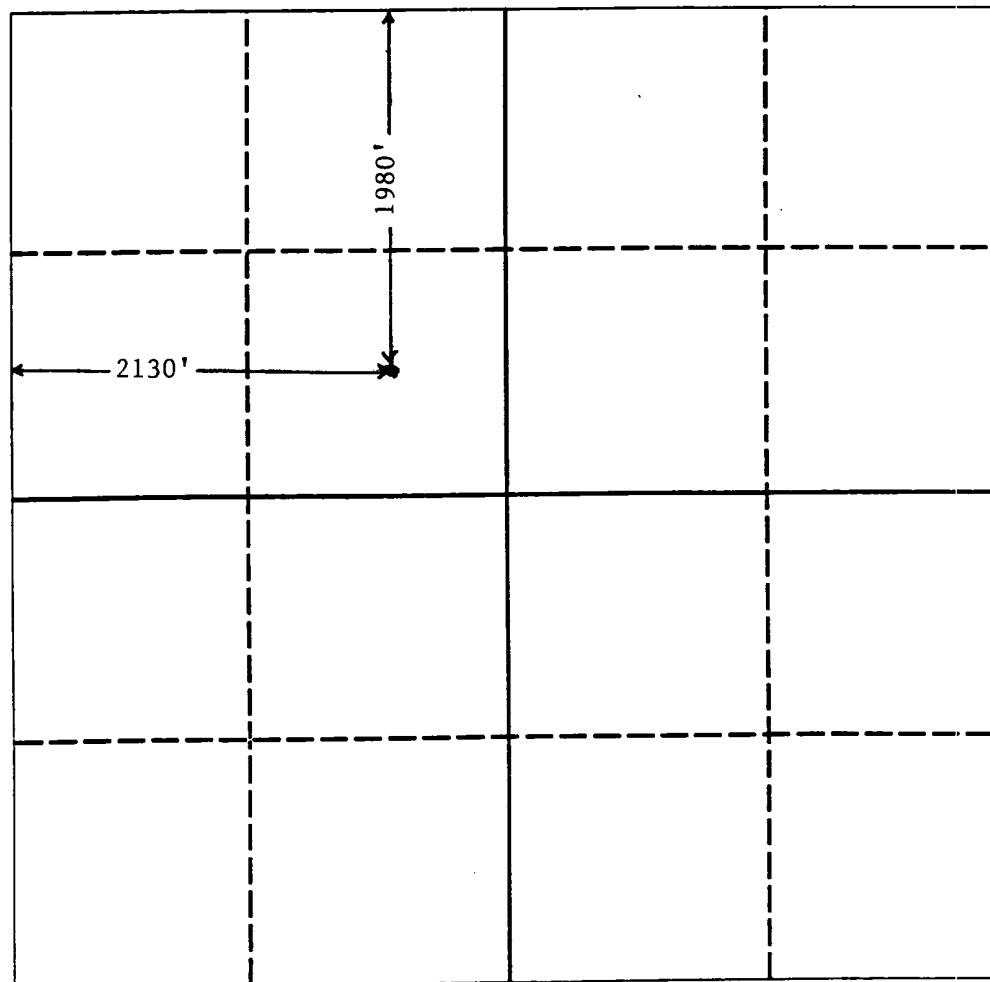
Actual Footage Location of Well:

1980 feet from the North line and		2130 feet from the West line	
Ground level Elev. 3654'	Producing Formation Bone Spring	Pool Lea Bone Spring	Dedicated Acreage: 80 Acres

1. Outline the acreage dedicated to the subject well by colored pencil or hatchure marks on the plat below.
2. If more than one lease is dedicated to the well, outline each and identify the ownership thereof (both as to working interest and royalty).
3. If more than one lease of different ownership is dedicated to the well, have the interest of all owners been consolidated by communitization, unitization, force-pooling, etc.?
☐ Yes ☐ No If answer is "yes" type of consolidation _____

If answer is "no" list the owners and tract descriptions which have actually been consolidated. (Use reverse side of this form if necessary.)

No allowable will be assigned to the well until all interests have been consolidated (by communitization, unitization, forced-pooling, or otherwise) or until a non-standard unit, eliminating such interest, has been approved by the Division.



OPERATOR CERTIFICATION

I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief.

Signature

Carrie A. Baze

Printed Name

Carrie A. Baze

Position

Production Clerk

Company

National Refinery Coop. Assoc.

Date

12-11-89

SURVEYOR CERTIFICATION

I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my knowledge and belief. (See Original Plat)

Date Surveyed

10-20-60

Signature & Seal of
Professional Surveyor

John W. West

Certificate No.

N.M. - P.E. & L.S. 676