ubmit 5 Copies ippropriate District Office)ISTRICT I P.O. Bost 1980, Hobbs, NM 88240

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

State of New Mexico Enera linerals and Natural Resources Department

Well API Na

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT RI 1000 Rio Brasos RA., Assec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

| | TION | | 3002504120 |
|---|--|--|--|
| idrees | | | |
| DRAWER D, MONUMENT, N | NEW MEXICO 88205 | X Other (Please explain) NEW | ATERFLOOD UNIT EFFECTIVE |
| w Well | Change in Transporter of: | 1/1/92. ORDER NO |). R-9494• |
| completion | Oil Dry Gas | | FR. W.A. WEIR #5 TO |
| nege in Operator | Casingheed Gas Condensate | NORTH MONUMENT G/ | SA UNIT BLK. 13, #5. |
| nage of operator give name | | | |
| DESCRIPTION OF WELL | AND LEASE | | |
| ase Name BLK | . 13 Well No. Pool Name, Include | | d of Lease No. |
| NORTH MONUMENT G/SA | | ONUMENT G/SA | e, Federal or Fee |
| cation | LIEC LIEC | 1000 | NODTH |
| Unit LetterE | _ : 660 Foot From The ES | T Line and 1980 | Feet From The NORTH Line |
| Section 35 Townshi | 19S Range 36E | , NMPM, LEA | County |
| Section 35 Townshi | p 133 Range | ,100104 | |
| . DESIGNATION OF TRAN | ISPORTER OF OIL AND NATU | JRAL GAS Address (Give address to which approx | and this form is to be sent) |
| TEXAS NEW MEXICO PIP | TNE COMPANY | 1670 BROADWAY, DEN | |
| ime of Authorized Transporter of Casin | ghead Gas X or Dry Gas | | ved copy of this form is to be sent) |
| NORTHERN NATURAL GAS | COMPANY | 2223 DODGE STREET. | OMAHA, NEBRASKA 68102 |
| well produces oil or liquids, a location of tanks. | | . - • | nen ? |
| | F 35 199 36 from any other lease or pool, give commin | <u> </u> | |
| COMPLETION DATA | Hom any other sense or poor, give commun | Ring Gues Bulliocs. | |
| | Oil Well Gas Well | New Well Workover Deeper | n Plug Back Same Res'v Diff Res'v |
| Designate Type of Completion | | Total Depth | |
| nto Spudded | Date Compl. Ready to Prod. | lour beput | P.B.T.D. |
| evations (DF, RKB, RT, GR, etc.) | Name of Producing Formation | Top Oil/Gas Pay | Tubing Depth |
| | <u> </u> | | |
| erforations | | | Depth Casing Shoe |
| | TUBING CASING AN | D CEMENTING RECORD | |
| 1 (A) A A) | | · • · · · · · · · · · · · · · · · · · · | |
| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT |
| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT |
| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT |
| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT |
| | | DEPTH SET | SACKS CEMENT |
| . TEST DATA AND REQUE IL WELL (Test must be after | est for allowable | | |
| . TEST DATA AND REQUE | | | r this depth or be for full 24 hours.) |
| . TEST DATA AND REQUE IL WELL (Test must be after nus First New Oil Run To Tank | EST FOR ALLOWABLE recovery of total volume of load oil and mu | ust be equal to or exceed top allowable for Producing Method (Flow, pump, gas i | r this depth or be for full 24 hours.) if1, etc.) |
| . TEST DATA AND REQUE IL WELL (Test must be after Date First New Oil Run To Tank Length of Test | ST FOR ALLOWABLE recovery of total volume of load oil and mu | usi be equal to or exceed top allowable for | r this depth or be for full 24 hours.) |
| . TEST DATA AND REQUE IL WELL (Test must be after this First New Oil Run To Tank ength of Test | EST FOR ALLOWABLE recovery of total volume of load oil and mu | ust be equal to or exceed top allowable for Producing Method (Flow, pump, gas i | r this depth or be for full 24 hours.) if1, etc.) |
| . TEST DATA AND REQUE OLD WELL (Test must be after OLD First New Oll Run To Tank Length of Test Actual Prod. During Test | CST FOR ALLOWABLE recovery of total volume of load oil and mu Date of Test Tubing Pressure | sst be equal to or exceed top allowable for Producing Method (Flow, pump, gas in Casing Pressure | r this depth or be for full 24 hours.) ift, etc.) Choke Size |
| . TEST DATA AND REQUED IL WELL (Test must be after Date First New Oil Run To Tank ength of Test Actual Prod. During Test GAS WELL | EST FOR ALLOWABLE recovery of total volume of load oil and mu Date of Test Tubing Pressure Oil - Bbis. | sst be equal to or exceed top allowable for Producing Method (Flow, pump, gas in Casing Pressure | r this depth or be for full 24 hours.) ift, etc.) Choke Size |
| . TEST DATA AND REQUED IL WELL (Test must be after Date First New Oil Run To Tank ength of Test Actual Prod. During Test GAS WELL | CST FOR ALLOWABLE recovery of total volume of load oil and mu Date of Test Tubing Pressure | sst be equal to or exceed top allowable for Producing Method (Flow, pump, gas in Casing Pressure | r this depth or be for full 24 hours.) ift, etc.) Choke Size |
| . TEST DATA AND REQUE IL WELL (Test must be after bute First New Oil Run To Tank ength of Test actual Frod. During Test GAS WELL actual Frod. Test - MCF/D | EST FOR ALLOWABLE recovery of total volume of load oil and mu Date of Test Tubing Pressure Oil - Bbis. | sst be equal to or exceed top allowable for Producing Method (Flow, pump, gas in Casing Pressure Water - Bbis. Bbis. Condensate/MMCF | This depth or be for full 24 hours.) iff, etc.) Choke Size Gas- MCF Gravity of Condenuate |
| . TEST DATA AND REQUE IL WELL (Test must be after Date First New Oil Run To Tank Length of Test Actual Prod. During Test GAS WELL Actual Prod. Test - MCF/D Setting Method (pitot, back pr.) | CST FOR ALLOWABLE recovery of total volume of load oil and mu Date of Test Tubing Pressure Oil - Bbis. Length of Test Tubing Pressure (Shut-in) | est be equal to or exceed top allowable for Producing Method (Flow, pump, gas in Casing Pressure Water - Bbis. | chis depth or be for full 24 hours.) [Choke Size Chair MCF |
| TEST DATA AND REQUE IL WELL (Test must be after thus First New Oil Run To Tank ength of Test actual Prod. During Test GAS WELL testal Prod. Test - MCF/D setting Method (pitot, back pr.) // L OPERATOR CERTIFIC | CATE OF COMPLIANCE | sst be equal to or exceed top allowable for Producing Method (Flow, pump, gas in Casing Pressure Water - Bbis. Bbis. Condensate/MMCF | This depth or be for full 24 hours.) iff, etc.) Choke Size Gas- MCF Gravity of Condensate |
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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.

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