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

Revised I-1-03 See Instructions at Bottom of Page

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRIC I III 1000 Rio Brizos Rd., Aziec, NM 87410 REQUEST FOR ALLOWABLE AND AUTHORIZATION

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I.	T	OTRA	NSP	ORT OI	LAND NA	TURAL GA					
- The state of the								API No.			
								025 0604	<u> 2</u>	UK	
Address P. O. Box 730 Hobbs, Nev	w Mayica	88246	1_25	28							
Reason(s) for Filing (Check proper box)	M MEXICO	0027	<u> </u>	20	X Oth	et (Please expla	iin)				
New Well	Change in Transporter of: EFFECTIVE 6-1-91										
Recompletion	Qil Dry Gas										
Change in Operator	Casinghead	Gas 🗌	-	ensule 🔲							
If change of operator give name and address of previous operator Texa	co Produ	cing Inc	o	P. O. Bo	× 730	Hobbs, Nev	w Mexico	88240-	2528		
II. DESCRIPTION OF WELL	AND LEA	SE							Sh	ut In	
Lease Name						ing Formation Kind o				ease No.	
L VAN ETTEN		2 EUNICE MONUMENT					(G-SA) State, I			10	
Location Unit LetterM	:660		. Feet F	From The St	OUTH Lin	e and660	Fe	et From The	WEST	Line	
Section 9 Townshi	, N	MPM,		LEA County							
III. DESIGNATION OF TRAN	SPORTEI	R OF O	IL A	ND NATU	IRAL GAS						
Name of Authorized Transporter of Oil		or Conder		,		e address to wh	ich approved	copy of this j	form is to be se	ent)	
ame of Authorized Transporter of Casinghead Gas or Dry Gas SHUT-IN Warren Pote					Address (Giv	e address to wh	ich approved	copy of this j	form is to be se	ent)	
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	ls gas actuall	y connected?	When	7		·	
If this production is commingled with that	from any other	r lease or	pool, g	ive comming	ling order num	ber:					
IV. COMPLETION DATA Decision to Type of Completion	~	Oil Well		Gas Well	New Well	Workover	Deepea	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion - (X) Date Spudded Date Compl. Ready to Pro-					Total Depth	<u> </u>	L	DOTO	<u> </u>	.1	
Date Spudded Date Compl. F			FIOL		- Com popul			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay			Tubing Depth			
Perforations								Depth Casis	ng Shoe		
TUBING, CASING AND					CEMENTING RECORD						
HOLE SIZE	CASING & TUBING SIZE					DEPTH SET			SACKS CEM	ENT	
								ļ			
					 	 					
	 				 						
V. TEST DATA AND REQUES OIL WELL (Test must be after r					t be equal to or	exceed top allo	wable for thi	s depth or be	for full 24 hou	rs.)	
Date First New Oil Run To Tank Date of Test						to be equal to or exceed top allowable for this depth or be for full 24 hours.) Producing Method (Flow, pump, gas lift, etc.)					
								Totale Cie			
Length of Test	Tubing Pressure				Casing Pressure			Choke Size			
Actual Prod. During Test	Oil - Bbls.				Water - Bbls	Water - Bbls.			Gas- MCF		
GAS WELL										- 	
Actual Prod. Test - MCF/D	Length of Test				Bbis. Condes	Bbis. Condensate/MMCF			Gravity of Condensate		
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Press	Casing Pressure (Shut-in)			Choke Size		
VI. OPERATOR CERTIFIC	ATE OF	COMI	PLIA	NCE		211 CO*	ICEDY	ATION	חואיייי		
I hereby certify that the rules and regul					11 '	DIL CON	10EHV	MIJON	אפוזוח	JIN .	
Division have been complied with and is true and complete to the best of my			en abov	ve	D=4	Approve	_ [Eff.			
J.M. Miller					Date						
Signature					By State of the st						
K. M. Miller Printed Name			Title		Title				···,		
May 7, 1991		915-	688- phone							- · · ·	

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.

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2) All sections of this form must be filled out for allowable on new and recompleted wells.

Telephone No.

- 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.

RECEIVED

MAY 2 3 1991

CG6 HOBSE OFFICE