

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

CASINGHEAD GAS MUST NOT BE

FLARED AFTER 5-1-93

UNLESS AN EXCEPTION TO R-4070  
IS OBTAINED.

### REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator Matador Operating Co.	Well API No. 2 30-015-31688
Address 415 W. Wall, Ste 1101, Midland, TX 79701	
Reason(s) for Filing (Check proper box) New Well <input checked="" type="checkbox"/> Other (Please explain) <u>Change name from Pearl to #1</u> Recompletion <input 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 Lea AQ State	Well No. 5	Pool Name, Including Formation Pearl San Andres, West	Kind of Lease (State) Federal or Fee	Lease No. E-1587
Location Unit Letter <u>N</u> : <u>330</u> Feet From The <u>South</u> Line and <u>1650</u> Feet From The <u>West</u> Line Section <u>29</u> Township <u>19S</u> Range <u>35E</u> , NMPM, <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"/> Koch Oil Co., A Div of KOCH Ind.	Address (Give address to which approved copy of this form is to be sent) P. O. Box 3609, Midland, TX 79702					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Warren Petroleum Corporation	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1589, Tulsa, OK 74102					
If well produces oil or liquids, give location of tanks.	Unit 30	Sec. 19S	Twp. 35E	Rge. 35E	Is gas actually connected? No	When? 1/20/93

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 X	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 10-8-92	Date Compl. Ready to Prod. 1-4-93		Total Depth 6000		P.B.T.D. 5845			
Elevations (DF, RKB, RT, GR, etc.) 3749 KB; 3738 GL	Name of Producing Formation San Andres		Top Oil/Gas Pay 5747		Tubing Depth 5665			
Perforations 5747-52; 5764, 66, 68, 5770, 73, 76, 5802, 04, 05, 06, 07, 5808, 10, 12, 26, 27, 28, 30					Depth Casing Shoe 5988			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-1/4	8-5/8		430		325			
7-7/8	5-1/2		5988		1265			
5-1/2	2-3/8		5665		N/A			

### 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 12-30-92	Date of Test 12-30-92	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hrs	Tubing Pressure 50	Casing Pressure 50	Choke Size N/A
Actual Prod. During Test 107	Oil - Bbls. 82	Water - Bbls. 25	Gas - MCF 50

#### 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  
R. F. Burke  
Printed Name  
1-7-93  
Date  
Operations Manager  
Title  
915-687-5955  
Telephone No.

### OIL CONSERVATION DIVISION

Date Approved JAN 11 1993

By ORIGINAL SIGNED BY JERRY SEXTON  
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 multi-pool wells.