Submit 5 Copies State of New Mexico For Appropriate District Office Energy, Minerals and Natural Resources Department Rev DISTRICT I OIL CONSERVATION DIVISION See P.O. Box 1980, Hobbs, NM \$8240 OIL CONSERVATION DIVISION see DISTRICT II P.O. Box 2088 Santa Fe, New Mexico 87504-2088 DISTRICT III Santa Fe, New Mexico 87504-2088 REQUEST FOR ALLOWABLE AND AUTHORIZATION I. TO TRANSPORT OIL AND NATURAL GAS Operator Well API No. 30 - 025 - 088 Six Desta Drive, Suite 5850, Midland, Texas 79705 Reason(s) for Filing (Check proper box) Other (Please explain) New Well Change in Transporter of: Recompletion Other (Please explain)								
If change of operator give name and address of previous operator								
II. DESCRIPTION OF WELL AND LEASE Lease Name Vell No. Pool Name, Including Formation Kind of Lease Lease No.								
State A Ac 2	13 Arrowhead Grayburg					Federal or Fee	Lesse No.	
Unit LetterA	Feet From The Line and Feet From The Line							
Section 11 Township 22 S Range 36 E , NMPM, Lea County								
III. DESIGNATION OF TRANSPORTER OF OUL AND NATURAL CAS								
Name of Authorized Transporter of Oil or Condensale Address (Give address to which approved copy of this form is to be sent)								
Name of Authonized Transporter of Casinghead Gas								
XCe1 Gas Co. If well produces oil or liquids,	Unit Soc.	Six Desta Drive, Su				ite 5800, Midland, Tx 79705		
give location of tanks.	i i		e is gas actual ye	•	When		6-	
If this production is commingled with that from any other lease or pool, give commingling order number:								
Designate Type of Completion	- (X)	ell Gas Well	New Well	Workover	Deepea	Plug Back Sa	me Res'v Diff Res'v	
Date Spudded	Date Compl. Ready	to Prod.	Total Depth	L		P.B.T.D.	1	
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing	Top Oil/Gas	Top Oil/Gas Pay					
Perforations						Tubing Depth		
Depth Casing Shoe								
	TUBINO	G, CASING ANI	CEMENTI	CEMENTING RECORD				
HOLE SIZE	CASING &	TUBING SIZE	DEPTH SET			SACKS CEMENT		
	<u> </u>							
V. TEST DATA AND REQUES OIL WELL (Test must be after r	T FOR ALLOY	VABLE			······	I		
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 Rua To Tank Date of Test Producing Method (Flow, pump, gas lift, etc.)								
Length of Test	Tubing Proven							
	Tubing Pressure		Casing Press.	Casing Pressure			Choke Size	
Actual Prod. During Test	Oil - Bbls.		Water - Bbls.	Water - Bble.			Gas- MCF	
GAS WELL	<u></u>		_ <u></u>				J	
Actual Prod. Test - MCF/D	Length of Test		Bbis. Conden	Bble Condensate/MMCF			ensale	
Testing Method (pitot, back pr.)	Tubing Pressure (Sh	ut-in)	Casing Preso	Casing Pressure (Shut-in)			Choke Size	
			· · · · · · · · · · · · · · · · · · ·					
VI. OPERATOR CERTIFICATE O.: 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.			OIL CONSERVATION DIVISION DEC 1 9 1989					
Date Approved							····	
Signature By Orig. Signed by Paul Rautz								
Jay Cherski Agent Title				Title				
Date 12/1, 09	915-68	7-1664	I Itle_	<u> </u>				
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. All sections of this form must be filled out for allowable on new and recompleted wells.
 Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes