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Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240

## State of New Mexico Energy, Minerals and Natural Resources Department

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

## OIL CONSERVATION DIVISION P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III				
1000 Rio Brazos	Rd.	Aztec.	NM	87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I.		TOTR	ANSP	ORTO	IL AND NA	ATLIDAL	GAS				
Operator						TIONAL	GAS	Wall	API No.		
SOUTHWEST RO	YALTIE	S, IN	C.							-23664	
c/o P.O. Box	953,	Midla	nd,	Texas	79702	?					
Reason(s) for Filing (Check proper box) New Well					X O	her (Pieses ex	splain)		<del></del>		<del></del> -
Recompletion	<b>~</b> :1	Change is			Request	<b>a</b> uthority	to sel	ll a	pproximat	alu 170	bbls
Change is Operator	Oil Casinghe	-4 <i>6</i>	Dry C		of skim	oil from	a salt	wate	er dispos	al facili	- nota
If change of operator give name	Canagas	THE CASE	Conde	-		Mo	nth o	f Ji	uly 199	3	
and address of previous operator  II. DESCRIPTION OF WELL	AND LF	ASF	<del></del>			<del></del>					
Lease Name			Pool N	eme, includ	ing Formation	<del></del>		V:- 4	-61	<del></del>	
Cities Federa	11	1	-3	rimat	Yates	7 Rive	rs :	XXXXX	of Lease Federal of (F)	66K T.C	Lease No. 030132B
1-1	,	2310								- DC	70301326
Unit Letter	- : <u>'</u>	2310	. Feet Pr	om The _	South	e and	330	Fe	et From The	Wes	t
Section 20 Townsh	in 22	2S	Range	361	<b>S</b>		1.	 ea			Line
						MPM,		= a.			County
III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil	<u>ISPORTE</u>	ER OF O	IL AN	D NATU	RAL GAS						
Kelly Maclaskey Oilfield S			LEBLO		Address (Give address to which approved copy of this form is to be sent) P.O. Box 580, Hobbs, NM 88241						
Name of Authorized Transporter of Casis	ghead Gas		or Dry	Ges 🗀	P.U. E	OX DBU, H	iodds, i	NM :	88241		
					Address (Give address to which approved				copy of this form is to be sent)		
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rgs.	la gas actuali	y connected?		When	,		
	A	20	225	:1 2 £ £	M		i		•		
If this production is commingled with that IV. COMPLETION DATA	IVOID ELLY OLD	ner lesse or	pool, giv	e comming	ling order num	ber:					
		Oil Well		les Well	N 221 41	1					
Designate Type of Completion		Ì	i	- va	New Well	Workover	Deep	P <b>44</b>	Plug Back	Same Res'v	Diff Res'v
Date Spudded	Date Comp	pl. Ready to	Prod.		Tatal Depth	L			P.B.T.D.	<u> </u>	
Elevations (DF, RKB, RT, GR, etc.)	Name of B								r.p.1.D.		
_	LANGE OF 14	roducing Fo	metica		Top OiVGas	'ey			Tubing Dept	th .	
Perforations	<u> </u>										
					. •			į	Depth Casin	g Shoe	
UO 5 0 7 5	T	UBING, (	CASIN	G AND	CEMENTIN	G RECOR	RD.			<del></del>	
HOLE SIZE	CAS	ING & TU	BING SL	ZE	DEPTH SET				SACKS CEMENT		
	<del> </del>								<u> </u>	TONG OCINI	
	<del></del>										
. TEST DATA AND REQUES	T FOR A	LLOWA	BLE							<del></del>	
OIL WELL (Test must be after re Date Fire New Oil Rus To Tank	covery of sol	al volume of	f load oil	and must	be equal to or	exceed top allo	owable fo	r this i	depik or be fo	or full 2d hou	1
I tow Oil Rue 10 lank	Date of Tes				Producing Me	had (Flow, pa	ump, gas i	ýt, esc	:.)	- 1-1 24 104	3.)
ength of Test	Tubing Pres				Caria D						
	1 noing Liesarie				Casing Pressure				Choka Size		
Actual Prod. During Test	Test Oil - Bbls.				Water - Bhis.				Gas- MCF		
GAS WELL Actual Prod. Test - MCF/D											
HANDEL FOR - MCF/D	Leagth of T	•		1	Bhis. Condons	MMCF		Т	Gravity of Ca	ondensete	
seting Method (pitot, back pr.)	g Method (pitot, back pr.) Tubing Pressure (Shut-in)										
			<b>#</b> /	ľ	Casing Pressur	e (Shut-ia)			Choke Size	·	
I. OPERATOR CERTIFICA	TE OF	COMPI	TANC	72		<del></del>	· .		<del>-</del>		<u></u>
I nereby certify that the rules and regular	ions of the O	Ni Concess	•!		0	IL CON	ISER	VA <sup>1</sup>	TION F	NIVISIO	M
Division have been complied with and the is true and complete to the best of my km	at the inform		above	į,							/1 <b>V</b>
	consects and	belief.		1,	Date	Approved	⊣ AU	6 (	) 5 1993		
sate allen				- 11			<b>-</b>			<del></del>	
Signature					Ву		Orig.	Sign	ned by		
Kate Ellison Agent				Paul Kautz							
Printed Name 7-30-93 (915) 684-6381					Title _	•	Ge	olog	rist		
Date								-			<del></del>
		ı elebin	one No.								

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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