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

## State of New Mexico gy, Minerals and Natural Resources Departme

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

**OIL CONSERVATION DIVISION** P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT HI 1000 Rio Brazos Rd., Aziec, NIM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I. TO TRANSPORT OIL AND NATURAL GAS										
Operator II S. A. T	·no					Wall		000		
Chevron U.S.A., I	.nc .		<del></del>		<del></del>	100	<u>-025.</u>	2830	3	
P. O. Box 670, Hobbs, New Mexico 88240										
Resecut(s) for Piling (Check proper box) Uther (Please explain)										
New Well Change in Transporter of:  Recompletion Oli Dry Gas EFFECTIVE DATE - 1-1-90										
Change in Operator Casingheed Gas Condensate										
Charge of Division of Provious operator										
II. DESCRIPTION OF WELL AND LEASE										
Lesse Name Well No.   Pool Name, Including					os Formatios Kin			of Lease No.		
S. J. Sarkey	/ Want =						Federal or Fee			
Location										
Unit Letter :										
Section 25 Township 21 S Range 37E, NMPM, Lea County										
III DESIGNATION OF TRANSPORTED OF OU ART NATURAL CAS										
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  Name of Authorized Transporter of Oil  or Condensate  Address (Give address to which approved copy of this form is to be sent)										
Pride Pipeline Company					P. O. Box 2436, Abilene, Texas 79604					
Name of Authorized Transporter of Casinghead Gas or Dry Gas University Pet					Address (Give address to which approved copy of this form is to be sent)					
If well produces oil or liquids,	Is gas actually connected? When ?									
give location of tanks.						""	<b>38.</b> 7			
If this production is commingled with that from any other lease or pool, give commingling order number:										
IV. COMPLETION DATA		Oil Well	Ges Well	N 197.10	( mi	)_ <del></del>			S	
Designate Type of Completion -	· (X)	 	CES WES	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Data Spudded	Date Compl. Ready to Prod.			Total Depth			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation			Top Oil/Gas Pay			D.1. D. 4			
Annual Prince (1917) out ne A							Tubing Depth			
Perforations					,			Depth Casing Shoe		
TUBING, CASING AND CEMENTING RECORD										
HOLE SIZE	CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT			
	Grand From Ode			DEFINACI			SACKS CEMENT			
	<b></b>	<del></del>		<del> </del>		<del></del>	ļ			
V. TEST DATA AND REQUES	T FOR A	LLOWAL	BLE	<u> </u>		<del></del>	l		-	
OIL WELL (Test must be after re			load oil and must					or full 24 hour	z.)	
Date First New Oil Rua To Tank Date of Test Producing Method (Flow, pump, gas lift, etc.)										
Leagth of Test	Tubing Pres	uatre		Casing Press.	ire	· · · · · · · · · · · · · · · · · · ·	Choke Size			
Actual Prod. During Test	Oil - Bols.			Water - Bbis.			Gas- MCF			
CACRIPLE	<u> </u>	<del></del>		<u> </u>			<u> </u>			
GAS WELL Actual Prod. Test - MCF/D	Longth of T	·	<del></del>	1 <b>5</b> 0: 2-2:						
	Transpir of 1			Bbls. Condensate/MMCF			Gravity of Condensate			
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)			Casing Pressure (Shut-is)			Choka Siza			
III 0000 000	<u> </u>		<del></del>	<u> </u>			<u>L</u>			
VL OPERATOR CERTIFICATE OF COMPLIANCE				1 6	OIL CON	ISERV	ATION I	חואופות	AL.	
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above				OIL CONSERVATION DIVISION						
is true and complete to the best of my knowledge and belief.				Date ApprovedJAN 0 8 1990						
lellania		-	•		·					
Signature					By Orig. Signed by					
C. L. Morrill NM Area Prod. Supt.						•	Paul Ka Geolog	iu iz		
12-22-89	(5	05) 393	-4121	Title			George			
Date			oces 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.