

OIL CONSERVATION DIVISION

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

P.O. Box 2088

DISTRICT III
 1000 Rio Brazos Rd., Aztec, NM 87410

Santa Fe, New Mexico 87504-2088

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

I.

| | |
|---|--|
| Operator VENOC OIL CORPORATION | Well API No. 30-025-25039 |
| Address P.O. Box 5970, HOBBS, NM 88241-5970 | |
| Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain) | |
| New Well <input type="checkbox"/> | Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> |
| Recompletion <input type="checkbox"/> | Casinghead Gas <input type="checkbox"/> Effective NOV 1, 1993 |
| Change in Operator <input type="checkbox"/> | |
| If change of operator give name and address of previous operator | |

II. DESCRIPTION OF WELL AND LEASE

| | | | | |
|------------------------------------|-------------------------|---|--|------------------------------|
| Lease Name STATE WE "BB" | Well No. 1 | Pool Name, Including Formation Eumont Yates Seven Rivers On | Kind of Lease (State, Federal or Fee) | Lease No. E-392 |
| Location | | | | |
| Unit Letter D | 990 | Feet From The North | Line and 990 | Feet From The West |
| Section 13 | Township 21 S | Range 35 E | NMPM | County Lea |

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

| | | |
|--|---|---|
| Name of Authorized Transporter of Oil EOT Energy Corp | <input checked="" type="checkbox"/> EOT Energy Pipeline LP | Address (Give address to which approved copy of this form is to be sent) P.O. Box 4666 Houston, TX 77210-4666 |
| Name of Authorized Transporter of Casinghead Gas GAM Gas Corporation | <input checked="" type="checkbox"/> Effective 4-1-94 | Address (Give address to which approved copy of this form is to be sent) RBRIAPPEHOLEAN Alder Box 111111 Dallas, TX 75211 |
| If well produces oil or liquids, give location of tanks. | Unit D | Sec. 13 |
| | Twp. 21 S | Rge. 35 E |
| | Is gas actually connected? Yes | |
| | When? N/A | |

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 | Gas Well | New Well | Workover | Deepen | Plug Back | Same Res'v | Diff Res'v |
|-------------------------------------|-----------------------------|-----------------|--------------|----------|--------|-----------|------------|------------|
| Date 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 | Tubing Depth | | | | | |
| Perforations | Depth Casing Shoe | | | | | | | |
| TUBING, CASING AND CEMENTING RECORD | | | | | | | | |
| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT | | | | | |
| | | | | | | | | |
| | | | | | | | | |

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 | Date of Test | Producing Method (Flow, pump, gas lift, etc.) | |
| Length of Test | Tubing Pressure | Casing Pressure | Choke Size |
| Actual Prod. During Test | Oil - Bbls. | Water - Bbls. | Gas- MCF |

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 *M. Y. Merchant*
 M. Y. Merchant Resident
 Printed Name _____ Title _____
 Date 11-12-1993 Telephone No. (505) 397-3596

OIL CONSERVATION DIVISION

Date Approved NOV 30 1993
 By ORIGINAL SIGNED BY JERRY SEXTON
 DISTRICT I SUPERVISOR
 Title _____

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 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.
- Separate Form C-104 must be filed for each pool in multiply completed wells.