Appropriate District Office <u>DISTRICT I</u> P.O. Box 1980, Hobbs, NM 88240

I.

Fnergy, Minerals and Natural Resources Department

Revised 1-1-89 See Instructions at Bottom of Page

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator								Well API No.			
Jerry W. Guy and Thurman F. Duncan								30-025-09322			
ddress											
c/o Oil Reports &	Gas Serv	ices.	Inc	., P. O.	Box 755	Hobbs,	NM 882	41	<u>.</u>		
eason(s) for Filing (Check proper box	1	Change !	n T	sporter of:		cı (Fiease expia	ur)				
ew Well	Oil	Change II	7	• —		Change	in Oper	ator eff	fective	7/1/90	
ecompletion hange in Operator							at 7:00 am MDT				
			-					mv 70700	3 + +		
address of previous operator A	RCO Oil	& Gas	Comp	pany, P.	O. Box	1610, Mi	diand,	TX /9/02	Attn:	A & D	
DESCRIPTION OF WELL	L AND LE	ASE									
se Name Well No. Poo			Pool	Name, Includi	ng Formation		Kind V.Y.Y	Kind of Lease		Lease No.	
King WN						Mattix 7R QN			<u> </u>		
ocation											
Unit Letter K	:	1980	_ Feet	From The	South Lin	and198	<u>0 </u>	et From The	West	Lin	
Cartina - O Tours	h:- 00	. ~	Done	- 26E	NT	мрм,	7			County	
Section 12 Towns	hip 23	is	Rang	ge 36E	, N	virivi,	Lea_		·	County	
. DESIGNATION OF TRA	NSPORTE	ER OF O	IL A	ND NATU	RAL GAS						
ame of Authorized Transporter of Oil	x	or Conde			Address (Giv	e address to wh	ich approved	copy of this	form is to be s	ent)	
Texas New Mexico P		Co.				Box 2528					
ame of Authorized Transporter of Cas		x	or D	ry Gas	Address (Giv	e address to wh	ich approved	copy of this	form is to be s	ent)	
Texaco Produc tion ,	Inc.				P. O. Box 3000, Tul						
well produces oil or liquids, re location of tanks.	Unit	Sec.	Twp.		1 -		When	When ?			
	F	12	23	36		es		5/12/6	50		
his production is commingled with the COMPLETION DATA	at from any ot	her lease or	pool,	give commingi	ing order num	Der:			,, 		
. COM LETION DATA		Oil Wel	<u> </u>	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completio	n - (X)	i	i		Ì		İ	İ	<u> </u>		
ite Spudded	Date Com	pl. Ready t	o Prod.	•	Total Depth			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay						
								Tubing Depth			
rforations					L			Depth Casis	ng Shoe		
Horadons									-6		
		TUBING	CAS	SING AND	CEMENTI	NG RECOR	D				
HOLE SIZE		CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT		
5											
THE PROPERTY OF THE PROPERTY O	200 200		ADE		<u> </u>			1			
TEST DATA AND REQUI	EST FOR	ALLOW	ABL	E 	he amount to on	exceed top allo	wahle for the	's denth or he	for full 24 hou	ars)	
IL WELL (Test must be after ate First New Oil Run To Tank	Date of Te		of toa	a ou ana musi		ethod (Flow, pu			jor juli 24 nou	V 3./	
ale First New Oil Run 10 Tank	Date of 16	est			1 locationing ivi	ulou (F.o., pa		.,			
ength of Test	th of Test Tubing Pressure				Casing Pressure			Choke Size			
	Tubing Tressure										
ctual Prod. During Test	Oil - Bbls	Oil - Bbls.				Water - Bbis.			Gas- MCF		
-											
GAS WELL					. 						
ctual Prod. Test - MCF/D	Length of	Test		_	Bbls. Conder	sate/MMCF		Gravity of	Condensate		
_											
ing Method (pitot, back pr.) Tubing Pressure (Shut-in)					Casing Pressure (Shut-in)			Choke Size			
I. OPERATOR CERTIFI	CATE OF	F COM	PLIA	NCE				ATION	רואים ב	781	
I hereby certify that the rules and reg					(OIL CON	12FKA	AHON	אואוט	NI	
Division have been complied with an	d that the info	ormation giv									
is true and complete to the best of m	y knowledge a	and belief.			Date	Approve	d		1234		
10 11.									`	3 .	
- Wound July				 	By_	ORIG	INAL SIG	MED BA 16	RRY SEXT	ואכ	
Signature Donna Holler		Age	nt		-, -	-	DASTRE	T I SUPER	VISUR		
Printed Name		-190	Title		Title						
6/29/90		505-3									
Date		Tel	ephone	No.	11						

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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JUL - 3 1990

CCD HC365 OFFICE