

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 <b>Zia Energy, Inc.</b>		Well API No. <b>30-025-10090</b>
Address <b>P.O. Box 2219, Hobbs, NM 88240</b>		
Reason(s) for Filing (Check proper box) New Well <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Operator <input type="checkbox"/>		<input checked="" type="checkbox"/> Other (Please explain) Designate transporters and return temporarily abandoned well to producing status
Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>		
If change of operator give name and address of previous operator _____		

#### II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>Elliott "E"</b>	Well No. <b>4</b>	Pool Name, Including Formation <b>Penrose-Skelly Grayburg</b>	Kind of Lease <b>State, Federal or <del>XXX</del></b>	Lease No. <b>LC-032573 B</b>
Location Unit Letter <b>B</b> : <b>660</b> Feet From The <b>North</b> Line and <b>1980'</b> Feet From The <b>East</b> Line Section <b>7</b> Township <b>22 South</b> Range <b>37 East</b> , <b>NMPM</b> , Lea County				

#### III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <b>Navajo Refining Company</b>	Address (Give address to which approved copy of this form is to be sent) <b>P.O. Drawer 159, Artesia, NM 88210</b>					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <b>Texaco Producing Inc.</b>	Address (Give address to which approved copy of this form is to be sent) <b>P.O. Box 1137, Eunice, NM 88231</b>					
If well produces oil or liquids, give location of tanks.	Unit <b>I</b>	Sec. <b>6</b>	Twp. <b>22S</b>	Rge. <b>37 E</b>	Is gas actually connected? <b>Yes</b>	When? <b>4/6/89</b>

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 <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input type="checkbox"/>	Workover <input checked="" type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v <input checked="" type="checkbox"/>	Diff Res'v <input type="checkbox"/>
Date Spudded <b>11/4/44</b>	Date Compl. Ready to Prod. <b>12/3/44</b>		Total Depth <b>3723'</b>		P.B.T.D. <b>3723'</b>			
Elevations (DF, RKB, RT, GR, etc.) <b>3446' DF</b>	Name of Producing Formation <b>Grayburg</b>		Top Oil/Gas Pay <b>3643'</b>		Tubing Depth <b>3693'</b>			
Perforations <b>Open hole 3643' - 3723'</b>					Depth Casing Shoe <b>3643'</b>			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
<b>Same as Originally filed.</b>								

#### 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 <b>9/7/89</b>	Date of Test <b>9/7/89</b>	Producing Method (Flow, pump, gas lift, etc.) <b>Pump</b>	
Length of Test <b>24 hrs</b>	Tubing Pressure <b>-</b>	Casing Pressure <b>15#</b>	Choke Size <b>-</b>
Actual Prod. During Test <b>7 bbls</b>	Oil - Bbls. <b>4</b>	Water - Bbls. <b>3</b>	Gas- MCF <b>15</b>

#### 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.F. Nelson** Engineer  
Printed Name **9/13/89** Title **505/393-2937**  
Date Telephone No.

#### OIL CONSERVATION DIVISION

**SEP 14 1989**

Date Approved \_\_\_\_\_

By **ORIGINAL SIGNED BY JERRY SEXTON**  
DISTRICT I SUPERVISOR

Title \_\_\_\_\_

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.

RECEIVED

SEP 13 1989

CCO  
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