

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

CASINGHEAD GAS MUST NOT BE  
FLARED AFTER 4/15/81  
UNLESS AN EXCEPTION TO R-1070  
IS OBTAINED. from U.S.D.A.

1. OPERATOR	
Zia Energy, Inc.	
Address	
P. O. Box 603, Hobbs, New Mexico 88240	
Reason(s) for filing (Check proper box)	
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"/> Condensate <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	

If change of ownership give name  
and address of previous owner

2. DESCRIPTION OF WELL AND LEASE				
Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
Federal NM-1410	2	Eunice San Andres-Southwest	State, Federal or Fee Fed.	NM-1410
Location				
Unit Letter	G	1650 Feet From The North Line and 1650 Feet From The East		
Line of Section	17	Township 22 South Range 37 East	N.M.P.M.	Lea

3. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS				
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>		Address (Give address to which approved copy of this form is to be sent)		
Navajo Crude Oil Purchasing Co.		P. O. Drawer 175, Artesia, NM 88210		
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>		Address (Give address to which approved copy of this form is to be sent)		
El Paso Natural Gas Company		P. O. Box 1492, El Paso, Texas 79978		
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.
	K	17	22S	37E
Is gas actually connected?		When		
NO		As soon as possible		

If this production is commingled with that from any other lease or pool, give commingling order number:

4. COMPLETION DATA				
Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover
X	X			
Date Spudded	Re-entry Date	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
3/13/81	4/15/81	4300'	4240'	
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth	
3404 GR	San Andres	3800'	3824'	
Perforations				Depth Casing Shoe
3811, 3812, 3813, 3814, #3819				

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4"	8 5/8" 28#	294'	125 sxs
7 7/8"	5 1/2" 14#	4300'	1350 sxs-circulate
	2 3/8"	3824'	

5. TEST DATA AND REQUEST FOR ALLOWABLE (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 Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
4/15/81	4/20/81	Pump	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24	-----	-----	-----
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
167	10	147	100

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

6. 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.

M. J. Nelson  
(Signature)

Engineer

(Title)

4/24/81

(Date)

OIL CONSERVATION DIVISION

APPROVED

BY Leslie A. Clements  
TITLE OIL & GAS INSPECTOR

This form is to be filed in compliance with RULE 1.11.  
If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviated tests taken on the well in accordance with RULE 111.  
All sections of this form must be filled out completely for all wells on new and recompleted wells.  
Fill out only Sections I, II, III, and VI for changes of well name or number, or transporter, or other such change of conditions.  
Separate Form C-104 must be filled for each pool in multi-completed wells.