

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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator Zia Energy, Inc.		Well API No. 30-025-24544
Address P.O. Box 2219 Hobbs, NM 88241		
Reason(s) for Filing (Check proper box)		
New Well <input type="checkbox"/>	Change in Transporter of: <input checked="" type="checkbox"/> Other (Please explain)	Plugback to San Andres formation Approval for 70 mcf during test well being evaluated for 1A
Recompletion <input checked="" type="checkbox"/>	<input type="checkbox"/> Dry Gas <input type="checkbox"/>	
Change in Operator <input type="checkbox"/>	<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 Elliott "B"	Well No. 7	Pool Name, including Formation San Andres SW, Andres	Kind of Lease Federal	Lease No. LC-032573(b)
Location Unit Letter J : 1980 Feet From The South Line and 1780 Feet From The East Line Section 6 Township 22 South Range 37 East , NMPM , 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"/> Navajo Refining Company	Address (Give address to which approved copy of this form is to be sent) P.O. Box 159, Artesia, NM 88210	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> Sid Richardson Gasoline Co.	Address (Give address to which approved copy of this form is to be sent) 201 Main St., Ft. Worth, TX 76102	
If well produces oil or liquids, give location of tanks.	Unit J	Sec. 6
	Twp. 22S	Rge. 37E
Is gas actually connected? Yes		When? 8/01/93

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
		X				X		XX
Date Spudded 01/10/74	Date Compl. Ready to Prod. 09/07/93		Total Depth 9466'		P.B.T.D. 4190'			
Elevations (DF, RKB, RT, GR, etc.) RKB	Name of Producing Formation San Andres		Top Oil/Gas Pay 3860'		Tubing Depth 4030'			
Perforations 3862' - 3979'					Depth Casing Shoe 6777'			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17 1/2"	13 3/8"		510'		450 sx - circ			
12 1/2"	9 5/8"		3897'		400 sx			
8 3/4"	7"		6777'		300 sx *			
* perf @ 4343' cmt'd w/ 350 sx cmt. Cmt top by survey at 1100'.								

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 11/11/93	Producing Method (Flow, pump, gas lift, etc.) pump	
Length of Test 24 hrs	Tubing Pressure na	Casing Pressure 60 psi	Choke Size na
Actual Prod. During Test	Oil - Bbls. tstm	Water - Bbls. 950 bbls	Gas - MCF 70 MCF

GAS WELL

Actual Prod. Test - MCF/D 70 MCF	Length of Test 24 hrs	Bbls. Condensate/MMCF tstm	Gravity of Condensate na
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in) 850	Casing Pressure (Shut-in) 850	Choke Size na

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 **D.E. Bratton** Engineer
Printed Name **11/12/93** Title **505-393-2937**
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved **NOV 19 1993**

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.