DISTRICT I P.O. Box 1980, Hobbs, NM 88240

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

OIL CONSERVATION DIV...ON

See Instructions at Bottom of Page

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

P.O. Box 2088 Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION

1000 Rio Brazos Rd., Aztec, NM 87410	REQU	FST FO	RALI	OWAF	RI F AND A	AUTHORIZ	ZATION		t	id the	
I						TURAL GA		per 0	suna	. my Natice	
perator							THORIZATION RAL GAS Well API No. 30-025-09605				
Tenison Oil Company							30	-023 -0960 .			
	#601 -	Dallas	Tor		221			0 / 0	• •		
Reason(s) for Filing (Check proper box)	#001 -	Dallas,	<u>. 1e2</u>	xas /)	Othe	r (Please expla	in)		· · · · · · · · · · · · · · · · · · ·		
New Well		Change in Ti									
Recompletion	Oil	U U Gas ≹X C	ry Gas		Effect	ive: 11/	1/91				
Change in Operator	Casingnead	Gas Till C	ondens	ate							
and address of previous operator		··· -·			·				 		
II. DESCRIPTION OF WELL	AND LEA										
R. L. Gates		Well No. P	ool Nai Jalma	m e, Includi at Tan:	ng Formation sill Yato	es 7 Riv	Kind e	of Lease FED Federal or Fee	C 232	se No. 436	
Location											
Unit Letter D	:660	F	eet Fro	m The No	orth Line	and <u>660</u>	Fe	et From The $\frac{V}{V}$	lest	Line	
Section 23 Township			lange	36E		IPM, Le	a			County	
III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil				NATU		add-ac- 4: 1	ich coor	anny of this f	in to be	e)	
Name of Authorized Transporter of Oil XX or Condensate Permian					Address (Give address to which approved copy of this form is to be sent) Box 1183 - Houston, Texas 77251-1183						
	ne of Authorized Transporter of Casinghead Gas XX or Dry Gas					Address (Give address to which approved copy of this form is to be sent) 76102					
Sid Richardson Carbon	& Gasol	ine Co.			l .			201 Main S			
If well produces oil or liquids, give location of tanks.	: :	Sec. T	Wp.	Rge.	is gas actually		When				
If this production is commingled with that	D other	23 1	24S	36E	ing order numb			Unknown	1		
IV. COMPLETION DATA	nom any ome	it lease of po	oi, Rive	COHUMAN	ing older name	<u></u>					
Designate Type of Completion	- (X)	Oil Well	Ga	as Well	New Well	Workover	Deepen	Plug Back Sai	me Res'v	Diff Res'v	
Date Spudded	Date Compl	. Ready to P	rod.		Total Depth			P.B.T.D.		1	
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay			Tubing Depth			
Perforations							 	Depth Casing Shoe			
renorations								Deput Casing 5	ioc		
	T	UBING, C	ASIN	G AND	CEMENTIN	NG RECOR	D	ļ			
HOLE SIZE	CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT				
	ļ										
	ļ			<u></u>	! 						
								<u> </u>			
V. TEST DATA AND REQUES	T FOR A	LLOWAI	BLE					<u> </u>			
OIL WELL (Test must be after r			load of	il and musi					full 24 hours	r.)	
Date First New Oil Run To Tank	Date of Test				Producing Me	ethod (Flow, pu	mp, gas iyi, i	elc.)			
Length of Test	Tubing Pressure				Casing Pressure			Choke Size			
Actual Prod. During Test	Oil - Bbls.			Water - Bbis.			Gas- MCF				
CACAMEL	1							.1			
GAS WELL Actual Prod. Test - MCF/D	Length of T	est			Bbls. Conden	sate/MMCF		Gravity of Con	densate		
	201811 01 1011										
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size			
VI. OPERATOR CERTIFIC	ATE OF	COMPL	IAN	CE		> oo:	10551	ATION			
I hereby certify that the rules and regulations of the Oil Conservation					OIL CONSERVATION DIVISION						
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.											
Is the and complete to the best of my i	unicuge all				Date	Approve	d				
fott. b. Vin S.											
Signature Pohont P. Tonicon In Manual In Manua					By Orig. Signed by, Paul Kautz						
Robert B. Tenison Jr. Manager- Marketing Printed Name Title					[Castanine						
11/12/91 (214) 363-5005					Title Geologisu						
Date		Teleph	hone No	D.	<u> </u>	·					

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
- 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.