Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

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

State of New Mexico Energy, Minerals and Natural Resources Department

Form C 4
Revised . 49
See Instructions
at Romon of Page

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III
1000 Rio Brizze Rd., Aziec, NM \$7410

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

		TO THA	1112	PORT OIL	ANU NA	I UNAL GA	Well	API Na				
	corp								3002524414			
exas West Oil & Gas	1 e/o	NOLCIL	ampi	COTT/ DBAB	<u> </u>							
51 N. Harwood St	#120	Dallas	s. [rx 752	01			_	· .			
asou(s) for Filing (Check proper box)					Oth	n (Please expla	un)					
w Well		Change in										
scompletios	Oil		Dry	· ·								
hange in Operator	Casinghea	d Gas	Con	densate 🗌								
change of operator give name												
DESCRIPTION OF WELL	ANDIE	SE										
esse Name	AIND CIA	Wall No. Pool Name, Includes			ng Formation			Kind of Lease Sime, Reddin Mr Sex		ease No.		
State "2"		2	A	ntelope	Ridge (Atoka)	3000,	Calendar Calendar	L-	3882		
ocalion					. •	100	^	_	West			
Unit LetterK	1980	0	Feet	From The So	outh_tim		<u>U</u> Fi	set From The .	11000			
.	hin 24S		Ran	⊶ 34E	. NI	MPML	Lea	ı		Count		
Section 2 Towns	hip 243		r.a.a.									
I. DESIGNATION OF TRA	NSPORTE	R OF O	IL A	ND NATU	RAL GAS							
ame of Authorized Transporter of Oil		or Coade		\S	Address (Giv	e address to wi	uch approved	copy of thus j	OFM IS 10 DE 3	DU)		
Scurlock fermi		<u> </u>		A	Address (Pin	addass to mi	uch anarme	come of thus	orm u to be s	ent)		
lams of Authorized Transporter of Cas	inghead GM	ghead Gas ' []		Ny Gas XX		lain St.,		pproved copy of this form is to be sent) Ft. Worth , Tx 76102				
Sid Richardson Carbo	Unit	Sec	179	Rge.		Is gas actually connected?		nea ?				
well produces oil or liquids, we location of tanks.						Υe	s	11-1	-91			
this production is commungled with th	at from any oth	er less or	pool,	give comming	ing order num	ber:						
V. COMPLETION DATA									la num	Diff Re		
	- (30)	Oil Met	u	Gas Well	New Well	Workover	Despes	Plug Back	Same Res v	juli ka		
Designate Type of Completio		-1 8-2-4911	- P-v		Total Depth	<u> </u>	<u></u>	P.B.T.D.	<u> </u>			
ate Spudded	Date Com	Date Compl. Ready to Prod.										
levations (DF, RKB, RT, GR, etc.)	Name of P	roducing F	OTERNA	108	Top Oil/Ges Pay			Tubing Depth				
HALMANIA (PL.) LOUR, LLI C. COLL COLL COLL COLL COLL COLL COLL C												
erforations						·		Depth Caus	ng Shos			
					CEN (EN CEN	NC RECOR	<u> </u>					
					DEPTH SET			SACKS CEMENT				
HOLE SIZE	- CA	CASING & TUBING SIZE										
V. TEST DATA AND REQU	EST FOR	ALLOW	/ABI	LE		all and in	anable for th	ie denth or be	for full 24 ha	rurs.)		
OIL WELL (Test meet be after Date First New Oil Rue To Teak	Description of T		e of ic	and oil and mus	Producing N	lethod (Flow, p	ump, gas lift.	esc.)	7-7-0			
Date First New Oil Kills 10 (ank	•=											
Length of Test	Tubing Pr	Tubing Pressure			Casing Press		Choka Size					
								Gae- MCF				
Actual Prod. During Test	During Test Oil - Bbis.				Water - Bbb	L.		Car MCF				
								<u>. l "</u>				
GAS WELL						AAU-		Cavity	Condensate			
Actual Prod. Test - MCF/D	Leagth of	Leagth of Test			Bbis. Condi	manu/MMCF		Gravity of Condensate				
Testung Method (pulet, back pr.)	Tilbing P	Tubing Pressure (Shut-in)				Casing Prosques (Shut-in)			Choke Size			
i musig remente (para, obc.a pr.)		o mercel a second / emer. m)				•						
VL OPERATOR CERTIF	TCATE O	F COM	PI I	ANCE	1				5000			
I hereby certify that the rules and n						OIL CO	NSER	ATION	DIVIS	ON		
Division have been complied with	and that the inf	ormatice g	iven s	bove					. 1	•		
is true and complete to the best of	my knowledge	and belief.			Dat	e Approvi	ed		· · · · · ·			
Bolona	1.10					FF:						
					Bv	#1 ,			5.54			
Signature Barbara Euba	nk	, Yq	min	istrator	- 11	,						
Printed Name		/21	4) Ti	969-7424	Title	e						
12-13 -91	 				`							
Date		Т	ciepho	oas No.	- []							

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accord 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.