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Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

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

**OIL CONSERVATION DIVISION** P.O. Box 2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

Santa Fe, New Mexico 87504-2088

L.		10 IHA	<u> </u>	PORT OIL	AND NA	I UHAL GA						
Operator							Well	API No.				
Sidney Lanier								30-025-26130				
Address		_		_ ====		.m. 000						
c/o Oil Reports & Gas Reason(s) for Filing (Check proper box)	Servic	ces, In	C.,	BOX /55	, Hobbs	, NM 882 er (Please expla						
New Well		Change in	Trans	sporter of:	<u> </u>	( — p						
Recompletion	Oil		Dry	. —		Effec	tive 9/	1/91				
Change in Operator	Casinghea	ad Gas	•	densate								
				<del></del>	50 14: 1:		70705					
and address of previous operator	onoco,	inc. F	, <u>C</u>	). Box 19	59, M1a.	Land, TX	79705					
II. DESCRIPTION OF WELL	AND LE	ASE										
Lease Name		Well No.	Pool	Name, Includi	ng Formation	· · · · · · · · · · · · · · · · · · ·		of Lease		ease No.		
Vaughn A-14		7	Ja	lmat Tan	sill Y-SR			Federal XXFE	30467-A			
Location												
Unit Letter N	_ : <u>_</u>	90	Feet	From The	outh Lin	e and23	310 F	et From The	West	Line		
Section 14 Townshi	P	24S	Rang	ge 3	6E , N	MPM,		Lea		County		
III. DESIGNATION OF TRAN	CDADTE	D OF O	TT A	NE NATE	DAT CAS							
Name of Authorized Transporter of Oil		or Conder		•	Address (Giv	e address to wi	uch approved	copy of this f	orm is to be se	ent)		
Conoco Inc. Surface Tr	ansp.			<b>**</b>		Box 2587,			241			
Name of Authorized Transporter of Casin	ghead Gas	27	or D	ry Gas 🔀		e address to wh			orm is to be si	ent)		
Phillips 66 Natural Ga	s coGP	M Gas	Cor	poration	455FF	IVE: Egbry	Abs la, 1	992 797	60			
If well produces oil or liquids.	Unit	Sec.	Twp	. Rge.	Is gas actuali	y connected?	When	?				
give location of tanks.	L_	14	2	45 36E	Yes		1	10/9/90				
f this production is commingled with that	from any oti	ner lease or	pool,	give commingl	ing order num	ber:						
V. COMPLETION DATA												
D :	(V)	Oil Well		Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v		
Designate Type of Completion		1 2			Total Depth	l	<u> </u>	I	J	_1		
Date Spudded Date Compl. Ready to Prod.					Total Depth			P.B.T.D.				
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth				
Elevations (DF, RAB, RI, OR, Elc.)	Transe or Fronting Formation				•	•		ruomg Dep				
Perforations	<u> </u>				I			Depth Casir	Depth Casing Shoe			
								_				
		TUBING.	CA	SING AND	CEMENTI	NG RECOR	D	<u> </u>				
HOLE SIZE		SING & TI				DEPTH SET			SACKS CEM	ENT		
	1											
V. TEST DATA AND REQUE	ST FOR A	ALLOW.	ABL	E			-11. K41.	·	f 6.11 24 hav	\		
OIL WELL (Test must be after			of loa	id oil and musi		exceed top and ethod (Flow, pu			for Juli 24 hou	<i>PS.)</i>		
Date First New Oil Run To Tank	Date of Te	est.			Producing M	eunou ( <i>r tow, pi</i>	emp, gas iyi, i	eic.)				
· · · · · · · · · · · · · · · · · · ·	The land December 1				Casing Press	ire		Choke Size	Choke Size			
Length of Test	Tubing Pressure				Casing Fices	40						
Actual Prod. During Test	Oil - Bbls.			Water - Bbls			Gas- MCF	Gas- MCF				
Actual Flore During Feat	i Don's Bons.	-										
CARAMELA					<u> </u>			<u> </u>				
GAS WELL Actual Prod. Test - MCF/D	Length of	Test			Bbls. Conder	sate/MMCF		Gravity of C	Condensate			
Action 1100. 100 - MC1/D	Dong. w											
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)			Choke Size	Choke Size				
· · · · · · · · · · · · · · · · · · ·												
VI. OPERATOR CERTIFIC	ATE OF	COM	) I (	NICE								
VI. OPERATOR CERTIFIC  I hereby certify that the rules and regu					(	OIL CON	ISERV.	ATION	DIVISIO	NC		
Division have been complied with and	that the info	ermation giv	en ab	ove				4,,				
is true and complete to the best of my	knowledge a	und belief.			Date	Approve	d "	. 4	žu (			
					Daie	Applove	<u> </u>					
Money Holler					D.	and the second of the	and the core	SAME COLL MONEY	/ ማ <sub>ያ</sub> ሜ አ የ			
Signature		,			by_	ia.omai s			.;;;;i¥			
Donna Holler		<i>F</i>	lger Title									
Printed Name 9-5-91	505	5-393-2			Title							
Date		_ <del> </del>	phon									
					11							

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.

SEP 01 1991

HOOM CANCE

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## OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I. Operator				• • • • •		MALUMAL	LIAN					
Conoco Inc.		T OIL AND NATURAL GAS   Well APT No.										
Address									30-025-26130			
10 Desta Drive	e W. Mid	land.	ľX 79	705							·	
Reason(s) for Filing (Check proper be	2α.)				- A (	The /Blassa	I=!\					
New Well		Change	in Transpo	rter of:		Other (Please of 1907) RECLA		ER	OM OTT. T	O (145		
Recompletion	Oil		Dry Ga		]	ro mous.	DOTE	1.100		O CAND		
Change in Operator	Caning	nead Gas	Condes	sate [	]							
If change of operator give name and address of previous operator								_		·	-	
II. DESCRIPTION OF WEI	I AND I	FACE				<del></del>			<del></del>			
Lease Name	JU ALID LI		Pool No	me lech	uding Formatio							
VAUGHN A-14		7	JAL	MAT TY	ATES 7 F	RVR		Kind	of Lease , Federal or Fe	•   LO	1030467	
Location				1								
Unit LenerN	: <sup>;</sup>	990	_ Feet Fro	m The	SOUTH	ine and	2310			WEST		
Section 14 Town		24 S					TIPA	r	eet From The		Lir	
Section 14 Town	anip	24 0	Range		36 E	NMPM,	LEA				County	
III. DESIGNATION OF TRA	ANSPORT	ER OF O	TI AND	NIA TT	IDAT CA							
Name of Authorized Transporter of Oil		or Conde	AMIC V	NAI	Address (G	ive addrasa to	auhiah au					
CONOCO INC. SURFACE TRANSP.					P.O.	ive eddress to BOX 258	<b>члися ар</b> 7. HO	BBS.	copy of this f	orm is to be s 8240	tent)	
Name of Authorized Transporter of Car			or Dry G	as [X]		ive address to						
PHILLIPS 66 NATURAL  If well produces oil or liquids,					4001	PENBRO	OK. O	DESS	SA. TX 7	9760	enu)	
give location of tanks.	Unnit	Sec.	Twp.	Rge	is gas actua	ly connected?		When				
f this production is commingled with the	et from say or	her less es										
V. COMPLETION DATA	= 1.0m any on	THE PERSON	pool, give	comming	gling order nun	ber:						
Decision T. C.C.		Oil Well	Ga	s Well	New Weil	Workover	1 2					
Designate Type of Completion		Ĺ	i			WOLKOVE	Dec	pen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Com	pl. Ready to	Prod.	·	Total Depth	-l	l		P.B.T.D.		<u> </u>	
levations (DF, RKB, RT, GR, etc.)	Name of B	badasina Fa			Top Oil/Gas							
, , , , , , , , , , , , , , , , , , , ,	Name of F	Name of Producing Formation				Pay			Tubing Depti	1		
erforations		· <u></u>							Downt C.	<del></del>		
									Depth Casing	Shoe		
		UBING,	CASINO	AND	CEMENTI	NG RECO	RD.				<del></del>	
HOLE SIZE	CASING & TUBING SIZE			E	DEPTH SET				SACKS CEMENT			
	<del></del>											
	<del></del>											
TEST DATA AND REQUE	ST FOR A	LLOWA	BLE			<del>-</del>						
IL WELL (Test must be after a ste First New Oil Run To Tank	recovery of tot	al volume of	f load oil a	nd must i	be equal to or	exceed top all	owabie fo	r this c	lepth or he for	full 24 hour	• )	
ate First New Oil Run To Tank	Date of Test				Producing Me	thod (Flow, pr	emp, gas i	ift, etc	tc.)			
ength of Test	Tubing Pres											
	I doing Free	aure			Casing Pressur	re		•	Choke Size			
ctual Prod. During Test				Water - Bbls.				Gas- MCF				
									Jas- MCF			
AS WELL			· · · · · · · · · · · · · · · · · · ·			··· <u>-</u> -						
- ··	Length of Te	est			Bbls. Condens	te/MMCE				· · · · · · · · · · · · · · · · · · ·		
tual Prod. Test - MCF/D						NEVICE CONTRACTOR OF THE PROPERTY OF THE PROPE				Gravity of Condensate		
tual Prod. Test - MCF/D								- 1	Choke Size			
	Tubing Press	ture (Shut-m	)	1	Casing Pressur	(Shut-in)		7	hoke Size			
tual Prod. Test - MCF/D	Tubing Press		•		Casing Pressur	(Shut-in)		7	hoke Size	<del></del> ,		
ting Method (pitot, back pr.)  L OPERATOR CERTIFIC	Tubing Press ATE OF (	COMPL	IANCE									
ting Method (pitot, back pr.)  L OPERATOR CERTIFIC I hereby certify that the rules and regula	Tubing Press ATE OF (	COMPL.	IANCE				SER'			MEIOI	V	
ting Method (pitot, back pr.)  L OPERATOR CERTIFIC I hereby certify that the rules and regula Division have been complied with and the	Tubing Press ATE OF ( ntions of the Or	COMPL.	IANCE				SER			Melo	V	
ting Method (pitot, back pr.)  COPERATOR CERTIFICAL Interest of the complete with and to be complied with an and to be complied with an analysis of the complete with an analysis of the c	Tubing Press ATE OF ( ntions of the Or	COMPL.	IANCE		0	(Shut-in)  IL CON  Approved	SER'			Melo	N	
ting Method (pitot, back pr.)  L OPERATOR CERTIFIC I hereby certify that the rules and regula Division have been complied with and the	ATE OF ( stions of the Oi that the inform mowledge and	COMPL.	IANCE		0	IL CON	·	rav JA	FION DI <b>JG 0 1</b>	VISION	N	
ting Method (pitot, back pr.)  L OPERATOR CERTIFIC.  I hereby certify that the rules and regula  Division have been complied with and the  is true and complete to the best of my in  Signature	Tubing Press ATE OF (  Itions of the Or  that the information of the Ori  mowledge and	COMPL.  il Conservati ation given a belief.	IANCE ion above		0	IL CON	ig. Sign	VAT AL	FION DI <b>JG 0 1</b>	W CO	N	
ting Method (pitot, back pr.)  L OPERATOR CERTIFIC.  I hereby certify that the rules and regula Division have been complied with and it is true and complete to the best of my lo  Signature BILL R KEATHLY SR	Tubing Press ATE OF (  Itions of the Or  that the information of the Ori  mowledge and	COMPL.  il Conservati ation given a belief.  ANALYS	IANCE ion ion inbove		O Date A	IL CON	g. Sign	VATAL ned k	FION DI <b>JG 0 1</b>	WE O	N	
ting Method (pitot, back pr.)  LOPERATOR CERTIFIC.  I hereby certify that the rules and regula Division have been complied with and the true and complete to the best of my in  Signature	Tubing Press ATE OF ( tions of the Oi that the inform moveledge and  STAFF	COMPL.  il Conservati ation given a belief.	IANCE ion inbove		O Date A	IL CON	ig. Sign	VATAL ned k	FION DI <b>JG 0 1</b>	Meto!	N	

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