

OIL CONSERVATION DIVISION

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

| | | |
|---|--|--|
| Operator <i>Dos Amigos Partnership</i> | | Well API No. <i>30-02526245005T</i> |
| Address <i>1/2 Box 953, Midland, TX 79702</i> | | |
| Reason(s) for Filing (Check proper box) New Well <input type="checkbox"/> Change in Transporter of: <input type="checkbox"/> Other (Please explain) Recompletion <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> <i>Plug back from Abo to Tubb zone.</i> Change in Operator <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> | | |

If change of operator give name and address of previous operator

THIS WELL HAS BEEN PLACED IN THE POOL
DESIGNATED BELOW. IF YOU DO NOT CONCUR
NOTIFY THIS OFFICE. *R-9542 3/1/92*

II. DESCRIPTION OF WELL AND LEASE

| | | | | |
|--|----------------------|---|---|------------------------------|
| Lease Name <i>Lineberry Federal</i> | Well No. <i>1</i> | Pool Name, Including Formation <i>undesignated - Tubb zone</i> | Kind of Lease State (Federal or Fee) | Lease No. <i>NM 34477</i> |
| Location Unit Letter <i>E</i> : <i>1650</i> Feet From The <i>N</i> Line and <i>330</i> Feet From The <i>W</i> Line Section <i>5</i> Township <i>23-S</i> Range <i>23-E</i> , NMPM, <i>Lea</i> 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"/> <i>Pride Pipe Line Co.</i> | Address (Give address to which approved copy of this form is to be sent) <i>Box 2436, Abilene, TX 79604</i> | | | | | |
| Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <i>Warren Petroleum</i> | Address (Give address to which approved copy of this form is to be sent) <i>Box 1589, Tulsa, OK 74102</i> | | | | | |
| If well produces oil or liquids, give location of tanks. | Unit <i>E</i> | Sec. <i>5</i> | Twp. <i>23-S</i> | Rge. <i>23-E</i> | Is gas actually connected? <i>Yes</i> | When? |

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

IV. COMPLETION DATA

| | | | | | | | | |
|---|---|---------------------------------|------------------------------|----------|--------|-----------|------------|------------|
| Designate Type of Completion - (X) | Oil Well <input checked="" type="checkbox"/> | Gas Well | New Well | Workover | Deepen | Plug Back | Same Res'v | Diff Res'v |
| Date Spudded <i>recompleted</i> <i>10-1-92</i> | Date Compl. Ready to Prod. <i>10-10-92</i> | Total Depth <i>7371'</i> | P.B.T.D. <i>6200'</i> | | | | | |
| Elevations (DF, RKB, RT, GR, etc.) <i>N/A</i> | Name of Producing Formation <i>Tubb</i> | Top Oil/Gas Pay <i>6170'</i> | Tubing Depth <i>6140'</i> | | | | | |
| Perforations <i>6170 6140</i> | Depth Casing Shoe <i>-</i> | | | | | | | |
| TUBING, CASING AND CEMENTING RECORD | | | | | | | | |
| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT | | | | | |
| <i>12 1/4"</i> | <i>8 3/8"</i> | <i>1300'</i> | <i>975 5x</i> | | | | | |
| <i>5 1/2"</i> | <i>7 7/8"</i> | <i>7371'</i> | <i>600 5x</i> | | | | | |

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 <i>10-10-92</i> | Date of Test <i>10-15-92</i> | Producing Method (Flow, pump, gas lift, etc.) <i>Pumping</i> | |
| Length of Test <i>24 hrs</i> | Tubing Pressure <i>-</i> | Casing Pressure <i>-</i> | Choke Size <i>-</i> |
| Actual Prod. During Test | Oil - Bbls. <i>28</i> | Water - Bbls. <i>18</i> | Gas - MCF <i>39</i> |

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 |

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 *Ann E. Ritchie* Agent
Printed Name *Ann E. Ritchie* Title
Date *12-10-92* Telephone No. *915 6846381*

OIL CONSERVATION DIVISION

Date Approved *DEC 16 '92*
By *Paul Kautz* Orig. Signed by
Geologist
Title

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 accordance with Rule 111.
- All sections of this form must be filled out for allowable on new and recompleted wells.
- Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- Separate Form C-104 must be filed for each pool in multiply completed wells.

Submit to Appropriate
District Office
State Lease - 4 copies
Fee Lease - 3 copies

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-102
Revised 1-1-89

OIL CONSERVATION DIVISION

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

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

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

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

WELL LOCATION AND ACREAGE DEDICATION PLAT

All Distances must be from the outer boundaries of the section

| | | | | | |
|--|---------------------|---|-----------------------------------|---------------------------------------|----------------------|
| Operator <i>Dos Amigos Partnership</i> | | | Lease <i>Lineberry Federal</i> | | Well No. <i>1</i> |
| Unit Letter <i>E</i> | Section <i>5</i> | Township <i>23-S</i> | Range <i>38-E</i> | County <i>Lea</i> | NMPM |
| Actual Footage Location of Well: <i>14.50</i> feet from the <i>North</i> line and <i>330</i> feet from the <i>West</i> line | | | | | |
| Ground level Elev. | | Producing Formation <i>Undesignated Tubb</i> | Pool <i>Tubb</i> | Dedicated Acreage: <i>40</i> Acres | |

- Outline the acreage dedicated to the subject well by colored pencil or hachure marks on the plat below.
- If more than one lease is dedicated to the well, outline each and identify the ownership thereof (both as to working interest and royalty).
- If more than one lease of different ownership is dedicated to the well, have the interest of all owners been consolidated by communitization, unitization, force-pooling, etc.?
☐ Yes ☐ No If answer is "yes" type of consolidation _____
If answer is "no" list the owners and tract descriptions which have actually been consolidated. (Use reverse side of this form if necessary).
No allowable will be assigned to the well until all interests have been consolidated (by communitization, unitization, forced-pooling, or otherwise) or until a non-standard unit, eliminating such interest, has been approved by the Division.

OPERATOR CERTIFICATION

I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief.

Signature *Ann E. Ritchie*
Printed Name *Ann E. Ritchie*
Position *Regulatory Agent*
Company *Dos Amigos Partnership*
Date *12-14-92*

SURVEYOR CERTIFICATION

I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my knowledge and belief.

Date Surveyed _____
Signature & Seal of Professional Surveyor _____
Certificate No. _____

