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

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

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

P.O. Box 2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION

JIL CONSERVATION DIVISION

Santa Fe, New Mexico 87504-2088

Energy, Minerals and Frantial Resources Department

Revised 1-1-89 See Instructions at Bottom of Page

60833

Operator		IOTRA	INS	PORT OI	L AND NA	TURAL G					
Cenison Oil Company							1	Well API No. 30-025-09743			
Address								025 0575	T		
8140 Wallnut Hill Ln.	#601 -	- Dalls	3, [lexas 75							
Reason(s) for Filing (Check proper box) New Well		Change in	Trans	sporter of:	j Oth	er (Please expl	ain)				
Recompletion	Oil		Dry								
Change in Operator	Casinghead	d Gas 🗌	•	iensale 🔲	Eff	ective:	11/1/91				
If change of operator give name and address of previous operator						* 11 * * * * * * * * * * * * * * * * *	***************************************				
II. DESCRIPTION OF WELL	ANDIFA	SE								<u> </u>	
Lease Name	ing Formation	Kind	Kind of LeaseFED Lease								
E. J. Wells 1086	1	2	Ja]	lmat Tan	sill Yat	es 7 Riv	ers State,	Federal or Fe	e A 12	2536	
Location	0.0	10									
Unit Letter A	_:99		Feet	From The _N	orth Lin	e and990) F	et From The	East	Line	
Section 12 Townshi	p 25S		Rang	ge 36E	, N	мрм, Lea	l			County	
III. DESIGNATION OF TRAN	SPORTE	R OF O	LA	ND NATU	RAL GAS						
Name of Authorized Transporter of Oil None		or Conden				e address to wi	hich approved	copy of this f	orm is to be se	nt)	
Name of Authorized Transporter of Casing	ghead Gas		or D	ry Gas [XX]	Address (Giv	e address to wi	hich approved	copy of this f	orm is to he se	พ) 76102	
Sid Richardson Carbon & Gasoline Co.						ity Bank					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	. Rge.	is gas actuali		When				
If this production is commingled with that	from any other	er lease or i	l pool, 1	give comming	ling order numl	ber:	L				
IV. COMPLETION DATA											
Designate Type of Completion	- (X)	Oil Well	ļ	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Comp	l. Ready to	Prod.		Total Depth		<u> </u>	P.B.T.D.	<u> </u>		
evations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay			Tubing Depth			
Perforations					1			Depth Casing Shoe			
						~					
HOLE SIZE		JBING, CASING AND						SACKS CEMENT			
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT			
V. TEST DATA AND REQUES	T FOR A	LLOWA	RLI	R.				<u> </u>			
OIL WELL (Test must be after re					be equal to or	exceed top allo	owable for thi	s depth or be f	for full 24 how	·s.)	
Date First New Oil Run To Tank Date of Test					Producing Method (Flow, pump, gas lift, etc.)						
Length of Test	Tubing Pressure				Casing Pressu	no .		Choke Size	·		
Deligar of Tex	Tuoing Pressure				Casing Flessu	16		CHOKE SIZE	Chicago Sias		
Actual Prod. During Test	Oil - Bbls.				Water - Bbls.			Gas- MCF			
	<u> </u>	·		···	[-	·		<u></u>			
GAS WELL Actual Prod. Test - MCF/D	II				150 5			13	····		
ACTUAL FIRST - MICE/D	Length of To	ESI			Bbls. Condens	sate/MMCF		Gravity of C	ondensate		
Festing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size			
VI. OPERATOR CERTIFICA	ATE OF	COMP	TA	NCE	<u> </u>						
I hereby certify that the rules and regula				NCE	∥ c	IL CON	SERV	1 NOITA	DIVISIO	Ň	
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.					102 JV 2 V 1991						
o are and complete to the best of my to	nowiedge and	Delief.			Date	Approved	d	y & 0			
Kot. D. Jan					cario Signed by						
Robert B. Tenison Jr. Manager - Marketing					By Paul Kauta						
Printed Name			Title	TIIB	707241 =	G	eologist	•			
11/12/91	(214)	363-5	500		Title	RFCO	nn ^	MIV			
Date		Telep	hone	No.			KI) ()	NLT (MAV OF	ICAGC	

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.