Submit 5 Copies Appropriate District Office **DISTRICT 1** P. O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

OIL CONVERSATION DIVISION

Form C-104 Revised 1-1-89 See Instructions



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

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

Santa Fe, New Mexico 87504-2088 REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator										IW.	ILADI No			
	DEMNIOR FITTOFFILM COMPONY									Well API No. 30 - 025-20324				
Address P	O. EOM 2067,	HOUSTON	m promo je na s Na na sa sa sa	<u>-</u> - ب										
Reason (s) for Filling							П	Othe	(Please ex	plain)				
New Well		C	hange in Tr	ansporte	r of:		_							
Recompletion		Oil	-		Dry Gas			EFI	ECTIVE	E Catol	ser 30, 44	<i>-</i>		
Change in Operator	X	Casinghea	d Gas	Conden										
chance of operator g														
nd address of previou	s operator	Chevron U	J.S.A. Inc., F	O. Box	t 1150, M	idland, T	X 79702	2						
I. DESCRIPTION	ON OF WELL	AND LEA	SE											
ease Name			Well N	lo. Poo	l Name, I	ncluding l	ormatio	<u>a</u>		Kin	d of Lease	Lease No.		
V. A. Ramsay (NCT-	A Damesy (NCT C)				. T T		_			Stat	e, Federal or Fee			
ocation	<u> </u>		livora	n Jastie i	usseimai	sselman			Sta	<u>te</u>	B1732			
Unit Lette	er <u>M</u>	:	0330	_Feet	From The	Sou	lh	_Line	and	430	Feet From The	West Line		
Section 3	36 Township	24S		Rang	ie.	37E		, NM	DI.		7			
II. DESIGNATI	ION OF TRAN		D OF OH					, 14141	. IVI,		Lea	County		
ame of Authorized Ti		SPURIE			NATU			(Cir.						
$\overline{\mathbf{x}}$						Address			(Give address to which approved copy of this form is to be sent)					
ame of Authorized Transporter of Caringhead Gas X or Dry Gas								P. O.	Box 2436,	ox 2436, Abilene , TX 79604				
ame of Authorized Tr Pass Natural Gas (Ansporter of Camp	thead Gas	LXI or		- 1	Address (Give address to wh			which appro	hick approved copy of this form is to be sent)				
well produces oil or i	iquide,	Unit	Sec.	Twp.			s actuall			El Pase, TX When ?	79978			
ive location of tanks.	-	ł		•				,						
					Yes				Unknown					
this production is cor		from any othe	r lease or po	ol, give	comming	ling order	aumbe <u>r:</u>	:						
v. completi	ON DATA		Oil W	11 G	s Well	New We	ıı l wa	kover	Danner	Im	70	1		
Designate Type	of Completion	ı - (X)	"			110 110	" ""	AUVE	Deepen	Plugback	Same Res'v	Diff Res'v		
Date Spudded	Date Compl. Ready to Prod.				Total Depth				P. B. T. D.	<u> </u>	<u> </u>			
Elevations (DF, RKB, I	Name of Broducina Econostica				T 0116 D				ļ					
William (DI, RRD,	Name of Producing Formation				Top Oil/Gas Pay				Tubing Dep	Tubing Depth				
eforations						Den					pth Casing Shoe			
HOLES	SIZE	CASI	TUBING,			<u>ementi</u>					SACVE CELEBRATE			
	CASING & TUBING SIZE				DEPTH SET				SACKS CEMENT					
										<u> </u>				
		+												
. TEST DATA	AND REQUES	T FOR A	LLOWAL	RIF		L				<u> </u>				
	Test must be after				and musi	be eaual	to or exc	reed ton	allowable :	for this denth	or he for full 24	5		
ate First New Oil Run	To Tank	Date of Tes	t			Producin	g Metho	d	(Flow, pum	p, gas lift, et	c.)	nours)		
ength of Test Tubing Pressure														
	Tubing Pressure				Casing Pressure				Choke Size					
ctual Prod. During Tes	Oil - Bbls.				Water - Bhls.				Gas - MCF	Gas - MCF				
A C NEW T		<u> </u>												
AS WELL		It				5. -								
ctual Prod. Test - MCI	est - MCF/D Length of Test				Bbls. Condensate/MMCF					Gravity of C	Gravity of Condensate			
sting Method (Tubing Pressure (Shut - in)				Casing Pressure (Shut - in) Chol				Choke Size	ke Size				
	<u> </u>								-/	Size Size				
I. OPERATOR	CERTIFICAT	E OF CO	MPLIAN	CE					_		-			
I hereby certify that t	_							OIL	CONS	SERVAT	TON DIVIS	ION		
Division have been c	omplied with and the	at the inform	ation given	bove								-00		

Submit 5 Copies Appropriate District Office

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

State of New Mexico Energy, Minerals and Natural Resources Department

OIL CONVERSATION DIVISION

Form C-104 Revised 1-1-89

See Instructions

at Bottom of Page

DISTRICTIO

P. O. Drawer DD, Artesia, NM 88210

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410 P. O. Box 2088

Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

1,													
Operator	SPIT THEO	T == Y - Y -	<i>-</i>							Well API No.			
Address	ZOIL FEIRO		CC123							30 - 025-20324			
Reason (s) for Filling (check proper be	76X 2167 1167			<u>"2-2</u> 087	•								
New Well	•						Otl	hei (<i>Please e</i>	xplain)				
Recompletion	Change in Transporter of:					7	EF	FECTIV	Hopen 32 192				
Change in Operator X	Casinghead	Gas	H	Dry Ga Conder	>	4			- 4a.	tokien 3	<u> </u>		
If chance of operator give name													
and address of previous operator	Chevron U.		P. O. Box	1150, N	lidland,	TX 7970	2						
II. DESCRIPTION OF WEI	L AND LEAS	SE											
Totale Name		Well N	No. Pool	Name,	ncludin	Formatic)n			Kind of Lease	Lease No.		
W. A. Ramsay (NCT-C) Location		4 North Justi				ı				State, Federal or Fee			
Location										State	B1732		
Unit Letter M	:	0330	Feet F	tom The	: Sa	oth	Line	e and	430	Free Free 71			
Section 36 Townsh	nip 24 S		Range		350		_			Feet From The	West Line		
III. DESIGNATION OF TRA		OF OH			37E	~		MPM,		Les	County		
Name of Authorized Transporter of Oil	E ORIER	or Cond	lensate	NAIL		ddress		112.1	<i>i</i>		<u> </u>		
Pride Pipeline Company	X		,		"	autes.	(GN	e aaaress 10	which ap	proved copy of this f	orm is to be sent)		
Name of Authorized Transporter of Casi	nghead Gas	X or	Dry Gas		- 	ddress	P. 6	Box 2436,	Abliene,	TX 79604	i		
El Paso Natural Gas Co. If well produces oil or liquids,						nnic s s	P. O	e address to . Box 1492,	which app	proved copy of this fo	orm is to be sent)		
give location of tanks.	Unit	Sec.	Twp.	Rge.	Is §	as actual	у совъ	ected ?	When?				
If this was decision in the second				<u></u>		Yes				Unknown			
If this production is commingled with the IV. COMPLETION DATA	at from any other is	ease or poo	ol, give co	mmingl	ing orde	number:				CERROWS			
		Oil We	ll Gas	Well	New W	ell Wo-	kover	LD					
Designate Type of Completic Date Spudded							KUYG <u>I</u>	Deepen	Plugbaci	Same Res'v	Diff Res'v		
	Date Compl. R	Date Compl. Ready to Prod.				epth			P. B. T. D.				
Elevations (DF, RKB, RT, GR, etc.)	Name of Produ	icing Form	nation		Top Oil	Gas Pay			Tubing Depth				
Peforations									Depth Casing Shoe				
									Depth Ca	sing Shoe			
HOLE SIZE	CASING	TUBING, CASING AND C				NG REC	ORD						
						DIA 11	SEI		SACKS CEMENT				
V. TEST DATA AND DECHE	CT FOR 177												
V. TEST DATA AND REQUE OIL WELL (Test must be after	ST FOR ALL	OWAB	LE										
Date First New Oil Run To Tank	Date of Test	orante of the	out ou ar	a musi i	roducin	to or exce	ed top	allowable fo (Flow, pump	or this dep	th or be for full 24 h	ours)		
ength of Test	Tubing Pressure								, 800 195, 6				
ctual Prod. During Test	<u> </u>					ressure			Choke Siz	ze			
	Oil - Bbls.				Water - E	Bbls.			Gas - MC	F			
SAS WELL													
ctual Prod. Test - MCF/D	Length of Test			I	bls. Cor	densate/	MCF		Gravity of	Condensate			
esting Method (pilot, back press.)	Tubing Pressure	Subing Pressure (Shut - in)				Carina Program (GI				Chaka Sin			
I. OPERATOR CERTIFICAT		(Oldt - III)				Choke Size							
I hereby certify that the rules and regular	tions of the Oil Co	neervetion	.e				O!!	001:0:					
Division have been complied with and that the information given above						OIL CONSERVATION DIVISION							
is true and complete to the best of my knowledge and belief.						Date Approved FEB 02 1993							
Noy S.	Skus	on			Ву	-							
Signature Port DT 1						The state of the s							
Printed Name Printed Name						Title 1500							
12/22/92 (915/682-	7314											
Date	Teler	hone No.									1		

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 re-