

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

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

# OIL CONSERVATION DIVISION

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

## REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator \_\_\_\_\_ Well API No. \_\_\_\_\_  
Address \_\_\_\_\_  
Reason(s) for Filing (Check proper box)  
New Well ☐ Other (Please explain) \_\_\_\_\_  
Recompletion ☐ Change in Transporter of: \_\_\_\_\_  
Change in Operator ☐ Oil ☐ Dry Gas ☐  
Casinghead Gas ☐ Condensate ☐  
If change of operator give name and address of previous operator \_\_\_\_\_

## II. DESCRIPTION OF WELL AND LEASE

Lease Name A-2	Well No. 4	Pool Name, including Formation JUSTICE CREEK-TRINKARD	Kind of Lease State, Federal or Fee	Lease No. A-2
Location Unit Letter _____ Feet From The _____ Line and _____ Feet From The _____ Line Section _____ Township _____ Range _____, NMPM, LBA County _____				

## III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil TEXAS-NEW MEXICO PIPELINE CO.	or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) P.O. BOX 2528, HOBBS, NM				
Name of Authorized Transporter of Casinghead Gas JPM GAS CO. INC.	or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) 4301 PEMBROOK, HOBBS, TX 79200				
If well produces oil or liquids, give location of tanks.	Unit 3	Sec. 2	Twp. 20S	Rge. 37E	Is gas actually connected? YES	When? 1-11-91
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 7-28-91	Date Compl. Ready to Prod. 5-8-93	Total Depth 6210	P.B.T.D. 6260					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation TRINKARD	Top Oil/Gas Pay 5740	Tubing Depth 6185					
Performances 57-1 - 2153	Depth Casing Shoe 6283							
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
17 1/2	13 5/8	453	270					
21 1/4	8 5/8	4390	1850 SX					
2 3/4	2 3/8 TEG	6195	1000 SX					

## 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	Date of Test 5-15-93	Producing Method (Flow, pump, gas lift, etc.) PUMPING	
Length of Test 14	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls. 15	Water - Bbls. 28	Gas - MCF 630
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 \_\_\_\_\_  
Printed Name \_\_\_\_\_ Title \_\_\_\_\_  
Date \_\_\_\_\_ Telephone No. \_\_\_\_\_

## OIL CONSERVATION DIVISION

Date Approved \_\_\_\_\_ JUN - 8 1993

By \_\_\_\_\_ DISTRICT SUPERVISOR

Title \_\_\_\_\_

## 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.