Aronomic . District Office	
Electronic i	
P.O. Box 1980, Hobbs, NM	88240

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

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DISTRICT III			
1000 Rio Brazo	s Rd.	Aziec, NM	87410

State of Nev Mexico Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION P.C. Box 2088

Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION

1.	TO TRA	NSPORT OIL	AND NA	TURAL G	AS			
ENERGY DEVELOPMENT	Operator Well API No. ENERGY DEVELOPMENT CORP.							
Address 1200 Smith Street,	. Suite 3040	, Housto	n,_Texa	us 77002	2			
Reason(s) for Filing (Check proper box)			Oth	er (Please expli	ain)			
Recompletion		Transporter of:						
Change in Operator	Oil Casinghead Gas	Dry Gas						
If change of operator give name and address of previous operator TOG				e Aller	n Ctr	5 0 0 D		
II. DESCRIPTION OF WELL Lease Name	AND LEASE]	Houstor	, Texas	\$ 7700	2		
Toby		Pool Name, Include	-		VAXY	of Lease XEederal for Fee		ease No.
Location	2	Langlie-1	Mattix-	<u>SR-00-0</u>	B	··		
Unit Letter <u>K</u>	_:1980	Feet From The S	outh_Lin	e and <u>198</u>	30 F	eet From The	West	Line
Section 7 Townshi	p 245	Range 37E	<u>, N</u>	MPM, I	Jea			County
III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil	<u> </u>							
	- AAI		1	e address to wh				
Shell Pir. Lir 2017		or Dry Gas	Address (Giv	BOX 191	0, Mic	iland,	<u>Pexas</u>	79702
) 			110001003 [011			. copy o;		(1)
If well produces of the under give location of tanks	<u> </u>	245 37D	ls gas actuall NO		V.T.en	?		
If this production is con-mingled with the IV. COMPLETION DATA	from any other lease or p	ool, give comming!	ing order num	жг. 				
Designate Type of Completion	- (X) Oil Well	Gas Well	New Well	Veorkover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded	Date Compl. Ready to	Prod.	Total Depth	•	I	P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Dept	1	
Perforations					Depth Casing Shoe			
		CASING AND	CEMENTI		D		.	
HOLE SIZE	CASING & TU		DEPTH SET SACKS CEMENT		ENT			
					· ·			
		· · · · · · · · · · · · · · · · · · ·		······································	· <u></u>			
V. TEST DATA AND REQUES			<u> </u>]
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 Producing Method (Flow, pump, gas lift, etc.)							<u>'s.)</u>	
	On Ken to faile Date of feg							
Length of Test	Tubing Pressure	essure Casin		Casing Pressure		Choke Size		
Actual Prod. During Test	t Oil - Bbls.		Water - Bbis.			Gas- MCF		
GAS WELL	1	·····	I			.1		J
Actual Prod. Test - MCF/D	Length of Test		Bbls. Conden	sate/MMCF		Gravity of Co	ondensate	
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-i	n)	Casing Pressure (Shut-in)		Choke Size			
VI. OPERATOR CERTIFIC.	ATE OF COMPI	IANCE	 	<u> </u>		1		j
I hereby certify that the rules and regula Division have been complied with and t is true and complete to the best of my k	ations of the Oil Conserva that the information given	ation			J	ATION E		N
Prichard On Bauer				ByEddie W. Seay				
Signature Signature Michael M. Bauer Agent By Oil & Gas Inspector								
Indea Name Indea II Titlo					~1			
June 06, 1989 Date		-7392 hone No.						<u> </u>
INSTRUCTIONS: This form	n is to be filed in co	mpliance with 1	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.
 1) Fully a section of the filled out for allowable on new and recompleted wells.
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 4) Fully a section of the filled out for allowable on new and recompleted wells.
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 7) Fully a section of the filled out for allowable on new and recompleted wells.
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