

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

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

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

State of New Mexico  
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

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

Form C-104  
Revised 1-1-89  
See Instructions  
at Bottom of Page

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

Operator VISION ENGERGY, INC	Well API No. <u>24188</u> 30-015-37663
Address P.O. BOX 2459 CARLSBAD, NEW MEXICO	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
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

II. DESCRIPTION OF WELL AND LEASE

Lease Name STATE	Well No. #2	Pool Name, Including Formation BURTON <del>FLATS</del> - YATES	Kind of Lease State, Federal or Fee	Lease No. L-487
Location Unit Letter <u>0</u> <u>660'</u> Feet From The <u>SOUTH</u> Line and <u>1650'</u> Feet From The <u>EAST</u> Line Section <u>21</u> Township <u>20S</u> Range <u>28E</u> , NMPM, EDDY County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
If well produces oil or liquids, give location of tanks.	Unit 0	Sec. 21
	Twp. 20S	Rge. 28E
	Is gas actually connected? YES	When? 4-8-94

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
		X	X					
Date Spudded 2-7-94	Date Compl. Ready to Prod. 3-30-94	Total Depth 775'	P.B.T.D. 767'					
Elevations (DF, RKB, RT, GR, etc.) 3223.3 GR	Name of Producing Formation YATES	Top Oil/Gas Pay 701	Tubing Depth 660'					
Perforations 701-735 1JSPF	Depth Casing Shoe 770							
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT		
12 1/4"	8 5/8" 32#K-55		350'			220 SX CL "C" CIRC.		
7 7/8"	5 1/2 15.5 J-55		775'			150 SX CL "C"		
	2 3/8"		PACKER 630' TP 660'					

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 3-30-94	Producing Method (Flow, pump, gas lift, etc.) FLOW	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size 6-3-94
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF comp & BR

GAS WELL

Actual Prod. Test - MCF/D 870	Length of Test 10	Bbls. Condensate/MMCF 0	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in) 270#	Casing Pressure (Shut-in) 0	Choke Size 30/64

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 [Signature]  
Printed Name Fernando W. Folsom Title Oil Operator  
Date 4-8-94 Telephone No. (505) 236-4001

OIL CONSERVATION DIVISION

Date Approved MAY 6 1994

By [Signature]

Title SUPERVISOR, DISTRICT II

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.