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	GAS
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NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104  
Supersedes Old C-104 and  
Effective 1-1-65

MAR 14 1980

O. C. D.

ARTESIA, OFFICE

Operator **DINERO OPERATERING COMPANY** (To become effective on March 1, 1980)

Address **Post Office Drawer 10505, Midland, Texas 79702**

Reason(s) for filing (check proper box)

New Well ☐ Change in Transporter of:  
Recompletion ☐ Oil ☐ Dry Gas ☐  
Change in ownership ☒ Casinghead Gas ☐ Condensate ☐

Other (Please explain)

If change of ownership give name and address of previous owner **J. C. Barnes Oil Company, Post Office Box 505, Midland, Texas 79701**

II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>Little Squaw Comm.</b>	Well No. <b>2</b>	Section, Township, Range <b>28-E, 22-S, 28-E</b>	Kind of Lease State, Federal or Fee <b>Fee</b>
Location Unit Letter <b>N</b> 1980 Feet From The <b>West</b> Line and <b>660</b> Feet From The <b>South</b> Line of Section <b>27</b> Township <b>22-S</b> Range <b>28-E</b> , NMPM, Edd			

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)
<b>El Paso Natural Gas Company</b>	<b>Post Office Box 1492, El Paso, Texas 79978</b>
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
<b>N 27 22-S 28-E</b>	<b>Yes Sept. 4, 1979</b>

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 as last
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.H.T.D.				
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth				
Perforations	Depth Casing Shoe						
TUBING, CASING, AND CEMENTING RECORD							
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT				
			10 3/4" ID 3" O.D. 3' 2" 0.00				

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 that able for this depth or be for full 24 hours)

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

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. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Russell J. Hernandez  
(Signature)  
**President--Dinero Operating Company**  
(Title)

**March 3, 1980**  
(Date)

OIL CONSERVATION COMMISSION

APPROVED **MAR 5 1980**  
BY W. A. Gressett  
TITLE **SUPERVISOR, DISTRICT 11**

This form is to be filed in compliance with RULE 1104.  
If this is a request for allowable for a newly drilled or deep well, this form must be accompanied by a tabulation of the data tests taken on the well in accordance with RULE 111.  
All sections of this form must be filled out completely for a well on new and recompleted wells.  
Fill out only Sections I, II, III, and VI for changes of well name or number, or transporter, or other such change of conditions.  
Separate Forms C-104 must be filed for each pool in multi-