

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

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

OIL CONSERVATION DIVISION

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator	EOG (New Mexico) Inc.	Well API No.	300390511200S1
Address	621 Seventeenth St., Suite 1800, Denver, CO 80293		
Reason(s) for Filing (Check proper box)	☐ Other (Please explain)		
New Well	☐ Change in Transporter of:		
Recompletion	☐ Oil	☐ Dry Gas	☐ Change of operator effective 8/1/93
Change in Operator	☒ Casaghead Gas	☐ Condensate	
If change of operator give name and address of previous operator	Kerns Oil & Gas, Inc. 2600 N. Fernbrook Ln. #138, Plymouth, MN 55447		

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
Jicarilla D 156	4	Blanco P.C. South	State, Federal or Fee	CA-156
Location	Unit Letter <u>D</u> : <u>790</u> Feet From The <u>N</u> Line and <u>790</u> Feet From The <u>W</u> Line			
Section	Township	Range	County	
11	23N	2W	NMPM	Rio Arriba

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil	☐ or Condensate	Address (Give address to which approved copy of this form is to be sent)
N/A	☐	N/A
Name of Authorized Transporter of Casaghead Gas	☐ or Dry Gas	Address (Give address to which approved copy of this form is to be sent)
El Paso Natural Gas Company	☒	P. O. Box 1492, El Paso, TX 79978
If well produces oil or liquids, give location of tanks.	Unit	Sec.
N/A		
Is gas actually connected?	When?	

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
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.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

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 for full 24 hours)			
Date First New Oil Run To Tank	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/MCF	Gravity of Condensate
Testing Method (pump, 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 Laura Zinn
Laura Zinn V.P. - Administration
Printed Name Title
Date 9/9/93 Telephone No. (303) 293-9999

OIL CONSERVATION DIVISION
SEP 14 1993

Date Approved _____
By Burt D. Chang
SUPERVISOR DISTRICT #3
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.