

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

DISTRICT II
P.O. Drawer DD, Azusa, 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	EOG (New Mexico) Inc.	Well API No.	300390516500S1
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:	Change of operator effective 8/1/93
Recompletion	☐	Oil ☐ Dry Gas ☐	
Change in Operator	☒	Casinghead 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, Inclusion Formation	Kind of Lease	Lease No.
Jicarilla C 156	4	Blanco P.C. South	State, Federal or Fee	CA-156
Location				
Unit Letter	E	1650 Feet From The	N	1650 Feet From The
Section	3	Township	23N	Range
			2W	NMPM, Rio Arriba
				County

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 Casinghead 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.	N/A	Unit	Sec.	Twp.	Rge.	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

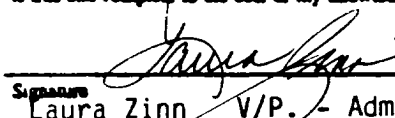
OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth, be 24 hours)			
Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	OIL CON. DIV DIST. 3
Length of Test	Tubing Pressure	Casing Pressure	
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	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 V/P. - Administration

Printed Name Title
SEP 09 1993 (303) 293-9999
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved SEP 14 1993

By 
SUPERVISOR DISTRICT #3

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.