Submit 5 Copies Appropriate District Office DISTRICT 1 P.O. Dox 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

Furm C-104 Revised 1-1-89 Set Instruction

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

OIL CONSERVATION DIVISION P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

		. 0 1117	1140/	0111 012	, ,, , ,, , , , , , ,		Well A	Pi No.			
Openior PetroCorp Incorp	oretod										
PetroCorp Incorp	orared										
16800 Greenspoint	Park Dr	cive 4	#300	North	Housto		77060-2	391			
Reason(s) for Fiting (Check proper box)		 				s (Piease expia	in)				
New Well		Change in	Transpo	orter of:	Cor	nnany Nor	ne Chana	- Ωn1ττ =			
Recompletion Oil Dry Gas						Company Name Change Only - From PetroCorp to PetroCorp Incorporated					
Change in Operator	Casinghea	id Gas 🗌	Conde	nsate 🗌	T. T. (JII TELIU	orb fo	recrocorb	THEOL	horared	
Change of operator give name				 							
and address of previous operator	ANDIE	ACE	•		-						
II. DESCRIPTION OF WELL	Well No.	Pool N	iame, Includi	ng Formation	***************************************	Kind 6	Kind of Lease		Leuse Na.		
Indian Bend A		3	i i		PC (Gas	;)	1	State, Federal or Fee		358	
		1		201101-					. 		
Location Unit LetterI	: 185	50	_ Feet F	rom The	S Line	and	90_F	et From The	E	Line	
_							·			.	
Section 5 Townshi	2:	2N	Range	2W	, NI	<u>ирм, </u>	Sandoval	·		County	
	an c =	n ar -		1874 - S. 1 . MATERIA	DAT 010						
III. DESIGNATION OF TRAN	SPORTE			W NATU	Adomes (Gin	e address to mi	hich approved	copy of this form	n is to be se	rt)	
Name of Authorized Transporter of Oil		or Condensate				- energy 503 10 W/	٠٠٠ مرس ١٠٠٠	יייטן שייי פי קקב.		•	
No. of August and a second sec	abana Arra	رمكرا	or Dry	Gas	Address (City	e address to w	hich approved	copy of this form	n is to be se	n)	
Name of Authorized Transporter of Casing		טוע טוץ	- L	Address (Give address to which approved to P O Box 1492 El Paso							
El Paso Natural Gas		Sec. Twp. Rg			ls gas actual			When ?			
If well produces oil or liquids, give location of tanks.	Unit	; .]	. - p .	Rge.		,					
If this production is commingled with that	from any oil	her lease of	.JL	ve commine	ing order num	ber:					
IV. COMPLETION DATA	The street of	Vi	6								
	0.0	Oil We	ii	Gas Well	New Well	Workover	Deepen	Plug Back S	ame Res'v	Diff Ras'v	
Designate Type of Completion						<u> </u>	1	<u> </u>			
Date Spudded	Date Com	ipi. Ready i	o Prod.		Total Depth			P.B.T.D.			
						Pav		Darking David			
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation						Top Oil/Gas Pay			Tubing Depth		
Feriorations	J				1			Depth Casing	Shoe		
1 011 01 01 01 01 01 01 01 01 01 01 01 0								'		•	
		TIBING	CAS	ING AND	CEMENT	NG RECOR	ND OS	<u> </u>			
HOLE SIZE	TUBING, CASING AND CASING & TUBING SIZE				1171441711	DEPTH SET			SACKS CEMENT		
HULE SIZE		TOING & I	J31110	<u> </u>							
	-										
		·									
	-										
V. TEST DATA AND REQUE	ST FOR	ALLOW	ABLE		<u> </u>						
OIL WELL (Test must be after t	recovery of I	iotal volum	e of loca	i oil and mus	t be equal to a	r exceed top al	lowable for th	de depth or be so	r full 24 hö	urs.)	
Date Firm New Oil Run To Tank	Date of T				Producing N	lethod (Fiow, p	ownp, gas lýl,	cic.)	i. e	e n e	
		My A	سنفت	<u> </u>	1				0.400	112	
Length of Tex	Tubing Pr	Tubing Pressire			Casing Fres	zure		Choke Stae 1	Choke Star 1 6 1992		
	_		Ea		1.1.1			Cont & Come of		STATE OF THE PARTY	
Actual Prod. During Test	Oil - Bbla		- 94	* 1332	Water - Bbi	L		Je C	JN. L	//¥•;	
	<u> </u>	OIL	$(^{\circ}(^{\circ})$	A - 8 - 1				D!	CT ?		
GAS WELL			ner	To [V .						
Actual Frod. Test - MCF/D	Length of	Test -	_ 	• 3	Bois. Coude	BEWMMCF	,	Gravity of Co	ondensale	······································	
					1				merceny consist consist	,	
Testing Method (pital, back pr.)	Tubing P	ressure (Sh	iii-in)		Casing Pres	ens (Shut-in)	· · · · · · · · · · · · · · · · · · ·	· Choke Size			
VL OPERATOR CERTIFIC	ATE O	F COM	PLIA	NCE		011 55		/ A == 1 == 1 == 1 == 1 == 1 == 1 == 1 =	- II	ON!	
I hereby certify that the rules and regu						OIL CO	NSER\	ATION [JIVISI	UN	
Division have been complied with and that the information given above						DEO 1.84000					
is true and complete to the best of my knowledge and belief.					Det	Date ApprovedDEC 1 6 192					
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CELLON							7	n) Gl	Summer of the		
Signature C. Carol Cook Production Analyst						l) Dy					
Printed Name Title						Jorenvison bistnic #3					
11 -12 -92	715	3–875–2			Titl	e					
Още	, 1.		clephone	: No.							
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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.