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

State of New Mexico Energy, Minerals and Natural Resources Department

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

. ID.

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

		TO TRAI	NSPC	ORT OIL	AND NAT	URAL GA	S Well A	Pl No.			
Peralor Louis Dreyfus Natural Gas Corp.						Well API No. 30-039-06553					
Admes			(00	01-1 -1-	oma City	OK 73	134				
14000 Quail Springs Pa	rkway,	Suite	600	- Oklan	Oma City	(Please expla			· · · · · · · ·		
eason(s) for Filing (Check proper box)		Change in	Transpor	ner of:		•					
ecompletion	Oil		Dry Gas	. \Box							
Trange in Operator	Casinghea		Conden		<u> </u>	D	CO.	80202			
change of operator give name d address of previous operator DEKA	LB Ene	rgy Cor	npany	<u> </u>	5 Broady	vay - Der	iver, co	00202	 		
. DESCRIPTION OF WELL A	ND LE	ASE									
ase Name Well No. Pool Name, Includit						1	Kind of Lease		SF 079162		
Miles Federal		2	Das.	III Dako	La .						
Unit Letter N	. 950		Feet Fr	om The S	outh Line	and148	<u>0</u> Fe	et From The	West	Line	
Cint Social			_	711		ama Di	o Arriba	a		County	
Section 7 Township	26N		Range	<u>7W</u>	, NN	ирм, К1	U AIIID	1		<u> County</u>	
II. DESIGNATION OF TRAN	SPORTE	CR OF O	IL AN	D NATUI	RAL GAS			of this fac			
Name of Authorized Transporter of Oil		or Conden	sale		Address (Gre	ox 256,	r <i>ich approved</i> Farmingt	copy of this for	87499	4)	
Giant Refining Company Name of Authorized Transporter of Casinghead Gas or Dry Gas Gas Company of New Mexico					Address (Give address to which approved copy of this form is to be sent) P.O. Box 26400, Albuquerque, NM 87125						
If well produces oil or liquids,	Unit Sec.		Twp. Rge.		in Par normal and annual i			:n 7			
ive location of tanks.	N	<u>7</u>	26N		Yes						
this production is commingled with that i	from any ou	her lease or	pool, gi	ve commingi	ing order num	ber:					
V. COMPLETION DATA		Oil Well		Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion		_i	i_		1	<u>1.:</u>	1	1		<u> </u>	
Date Spudded	Date Con	Date Compl. Ready to Prod.				Total Depth			P.B.T.D.		
rations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay			Tubing Depth Depth Casing Shoe			
10000 (0. 11000)											
Perforations								Depth Casing	Silve		
		TUBING	. CASI	ING AND	CEMENTI	NG RECO	RD				
HOLE SIZE					DEPTH SET			SACKS CEMENT			
											
	-										
V. TEST DATA AND REQUE OIL WELL (Test must be after t	ST FOR	ALLOW	ABLE		the equal to o	r exceed ton al	llowable for th	is depth or be f	or full 24 hou	rs.)	
OIL WELL (Test must be after a Date First New Oil Run To Tank	Date of		e of 1000	ou ana mus	Producing N	lethod (Flow, p	ownp, gas lýt,	eic.)	, m -		
Date Line item Oil Knit to Jame	Date of Tex						(Chale Size				
Length of Test	Tubing P	Tubing Pressure			Casing Pressure			Choke Size	Choke Size		
A I D d. D Test	Oil Bhi	Dil - Bbls.				Water - Bbis.			Gas- MCF		
Actual Prod. During Test) - B0										
GAS WELL											
Actual Prod. Test - MCF/D	Length of Test				Bbis. Condensate/MMCF			Gravity of Condensate			
	tine Method (puot, back pr.) Tubing Pressure (Shut-in)					Casing Pressure (Shut-in)			Choke Size		
Testing Method (pilot, back pr.)	Lacing	(04)	- -,								
VI. OPERATOR CERTIFIC	CATE C	OF COM	IPLIA	NCE			MCED!	/ATION	חואוכונ	NC	
I hereby certify that the rules and regu	ulations of t	the Oil Cons	servation				יואסבתי	ALION	۱۱۵۱۷ ال	J. 1	
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.					Date Approved			NOV - 21992			
4		,			Dai	ra whhinn			A		
Komme 1.	i ran	<u>~</u>	·		Ву			3.1) el		
Signature Ronnie K Irani		Vice	Pres	ident				SUPERV	ISOR DIS	ā TD:∧±	
Printed Name			Title	!	Titl	e			-JUN DIS	TRICI	
October 16, 1992 Date		(405) T) /49 elephone	<u>−1300</u> : No .							

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.