

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
Format 06-01-83
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SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

RECEIVED
MAR 27 1985

OIL CON. DIV.
DIST. 3

I. Operator TEXAS ROSE PETROLEUM INC.

Address 16970 N. DALLAS PARKWAY SUITE 702 DALLAS, TX. 75248

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 _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>EL PASO RANCH</u>	Well No. <u>1</u>	Pool Name, Including Formation <u>WILDCAT GULLP</u>	Kind of Lease State, Federal or Fee <u>FEE</u>	Lease No. _____
Location Unit Letter <u>J</u> ; <u>1778</u> Feet From The <u>FEL</u> Line and <u>1824</u> Feet From The <u>FSL</u>				
Line of Section <u>14</u> Township <u>28N</u> Range <u>1E</u> , NMPM, <u>RIO ARRIBA</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐ <u>Gary Energy Corp</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 159 Bloomfield, N.M. 87413</u>	
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐ <u>N/A</u>	Address (Give address to which approved copy of this form is to be sent) <u>N/A</u>	
If well produces oil or liquids, give location of tanks.	Unit <u>J</u>	Sec. <u>14</u>
	Twp. <u>28N</u>	Rge. <u>1E</u>
	Is gas actually connected?	When <u>N/A</u>

If this production is commingled with that from any other lease or pool, give commingling order number: N/A

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. 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 is true and complete to the best of my knowledge and belief.

[Signature]
(Signature)
27 March 88
(Date)

OIL CONSERVATION DIVISION

MAR 27 1985

APPROVED _____
Original Signed by **FRANK T. CHAVEZ**

BY _____
TITLE **SUPERVISOR DISTRICT 3**

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells.

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		X		X					
Date Spudded 10/18/84	Date Compl. Ready to Prod. 12/18/84	Total Depth 1598' 1630'		P.B.T.D. 490'					
Elevations (DF, RAB, RT, CR, etc.) 3078 GL	Name of Producing Formation LUNDAKE GROUP	Top Oil/Gas Pay 1290'		Tubing Depth 1485'					
Perforations 1296'-1335' / SHOT EACH 4 FT.				Depth Casing Shoe 1630'					

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
6 1/4"	4 1/2"	1630'	185
	2 3/8"	1485'	
9 7/8"	7"	125'	50

V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks 12/18/84	Date of Test 12/18/84	Producing Method (Flow, pump, gas lift, etc.) PUMP.	
Length of Test 24 HRS.	Tubing Pressure 2013	Casing Pressure 280-480 PSI	Choke Size NONE
Actual Prod. During Test 47	Oil - Bbls. 37	Water - Bbls. 10	Gas - MCF NONE TSTM

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	LHG, Condensate/MCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

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