Submit 5 Copies Apprepriate District Office DISTRICT 1 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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

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

> REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

)perator							Well A	30-045-24	768	ĺ		
Louis Dreyfus Natural	Gas Co	orp.			<u></u> .							
\ddress					a.	017 7	212/					
14000 Quail Springs Pa	rkway,	, Suite	600	- Oklah	oma City	s (Please expla	3134			—		
Reason(s) for Filing (Check proper box)		_	~	6	Oune	t (Liseas exhia	101)					
New Well	0.11	Change in	Dry G									
Recompletion	Oil Casingher	_	Conde									
COMPANIE OF CALCULATION					Desades	arr - Don	ver CO	80202				
nd address of previous operator DEKA	ALB Ene	ergy Co	mpar	ıy – 1625	Broadw	ay - Den	ver, co	00202				
I. DESCRIPTION OF WELL A	AND LE	ASE										
Lease Name	111-11 No. Beet Name Including						g Formation Kind of					
Federal 29	23 West Kut							ederal ONXEXEX SF-078896				
Location												
Unit Letter K		1630	Feet I	From The	outh Line	e and18	00 Fe	et From The	West	Line		
Out Detter	• •						_					
Section 29 Township	<u></u>	27N	Rang	<u> </u>	.W , M	мрм, Sa	n Juan			County		
III. DESIGNATION OF TRANS	SPORTI			ND NATUR	AL GAS		Link annamed	annu of this for	- is to be see	11)		
Name of Authorized Transporter of Oil or Condensate						Address (Give address to which approved copy of this form is to be sent)						
				C (***	111(C'							
Tells of Versionses in England of Complete						Address (Give address to which approved copy of this form is to be sent) P.O. Box 26400 - Albuquerque, NM 87125						
Gas Company of New Me		xico				y connected?	When					
If well produces oil or liquids, give location of tanks.	Unut	Unit Sec. Twp. Rge.				y commencent	11164	•				
			l	ive comminati								
I this production is commingled with that I	nom any o	ruet teams of	poor, a	hae consumbi	ng order nour							
IV. COMPLETION DATA		Oil Wel	 1	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v		
Designate Type of Completion	- (X)	I On we	• !	Gas Well		1 .	1			i		
Date Spudded		npi. Ready I	o Prod		Total Depth	· · · · · · · · · · · · · · · · · · ·		P.B.T.D.		<u> </u>		
				,								
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay			Tubing Dept	Tubing Depth			
Perforations	 							Depth Casing	Shoe			
								1				
		TUBING	, CA	SING AND	CEMENT	NG RECO	RD					
HOLE SIZE	C	ASING & T	UBING	SIZE		DEPTH SE	Τ	S	ACKS CEM	ENT		
	ļ						····					
			/ A D I	10	<u> </u>			_l				
V. TEST DATA AND REQUES OIL WELL (Test must be after to	STFOR	ALLUN	ABL	. E. - d 'd d	ha annal sa a	n aread top a	iloumble for th	is denth on he l	or full 24 hou	rr.)		
			2 0) 100	Id ou and must	Producing N	Method (Flow,	numo, eas lift.	elc.)		***************************************		
Date First New Oil Ruit to Tank	Date First New Oil Run To Tank Date of Test						p p , g ; , ,					
Length of Test Tubing Pressure					Casing Pres	Bure		Choke Size	Choke Size			
Leagur or rea	I doing i	Licentic							-	s &=_0& 1		
Actual Prod. During Test	Oil - Bb	ile			Water - Bbi	£.		Gas- MCF	C GIN	DIV .		
Mercan Liver Daving 1 and	0 50	100							Dist.	3		
					<u> </u>							
GAS WELL					Dhie Conde	ensate/MMCF		Gravity of C	ondensale			
Actual Prod. Test - MCF/D	Length of Test				DUIL COGO	CHARACTARAIC L		Gravity of Condensate				
esting Method (nucl. back or) Tubing Pressure (Shut-in)					Casine Pres	soure (Shut-is)		Choke Size		``		
Testing Method (pitot, back pr.)	ruoing	: Icemic (30	·			(wires 18)						
				ANICE	1							
VI. OPERATOR CERTIFIC						OIL CO	NSER\	/ATION	DIVISION	NC		
I hereby certify that the rules and regularity being have been complied with and						•	, .		= •			
is true and complete to the best of my				~~~	-	A		NUN	- 2199	2		
رسد الماسية الم					Dai	le Approv	/ea	110 4	- 4 133			
Vannie 1	\cdot \mathcal{A}_{λ}	\ani						.	_1			
Signature	`	3.10			By.			لند	Ch.	/		
Ronnie K. Irani		Vice		sident			c	SUPERVISO)D DIC==	Q Name = =		
Printed Name			Tit	la.	11		· ·	.o. eu 112(/H DISTE	CT #3		
October 16, 1992		//^-			Titl	e						
Date				49-1300	Titl	е						

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.