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Appropriate 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

Operator							Well A	PI No.		1	
Louis Dreyfus Natural	Gas Co	ro.						30-045-2	4793		
											
Address		Sui + o	600	_ ∩klah	oma Cit	σ. OK 73	134			İ	
14000 Quail Springs Pa	rkway,	Surre	000	- OKIAII	Othe	s (Please explai					
Reason(s) for Filing (Check proper box)		Change in	Transport	ter of:			•				
New Well											
Recompletion	Oil Dry Gas									1	
Change in Operator L.	Casinghea		Condens								
f change of operator give name DEKA	LB Ene	ergy Co	mpany	- 1625	Broadw	ay - Deny	rer, CO	80202			
and and less of previous operator											
II. DESCRIPTION OF WELL A	IND LE	ASE	,						-, -		
Lease Name		Well No. Pool Name, Including Formation						Lease	4	ase No.	
Federal 32		21	West Kutz			X XXX		Federalyov For X	SF-078896		
Location											
2		990	East Es	- The N	orth Lie	and 184	0 Fe	et From The	West	Line	
Unit Letter	. :	<u> </u>	- Lear Liv	Mi lile	<u> </u>						
Sandan 22 Tomostia	27	'N	Range	1	1W , N	мрм, San	Juan			County	
Section 32 Township			range		11.						
TO DESIGNATION OF TRANS	TTO OO	D OF O	TT ANI	D NATU	PAL GAS						
III. DESIGNATION OF TRANS	SPURIT	or Condet		INATO	Address (Giv	e address to wh	ich approved	copy of this for	m is to be se	nt)	
Name of Authorized Transporter of Oil		of Colloca	il Parc		Notices (Oil						
								l same of this for	is to be se		
Name of Authorized Transporter of Casinghead Gas or Dry Gas						Address (Give address to which approved copy of this form is to be sent)					
Gas Company of New Me:	xico				P.O. Box 26400 - Albuquerque, NM 87125					23	
If well produces oil or liquids,	Sec.	Twp.	Rge.	ls gas actually connected? When ?			1 7	!			
give location of tanks.	1	L	<u> </u>		Yes	3					
If this production is commingled with that I	rom any o	ther lease or	pool, giv	e commingl	ing order num	iber:					
IV. COMPLETION DATA	-		-								
TV. COMILECTION STATE		Oil Wel		Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Dist Res'v	
Designate Type of Completion	- (X)	1	" ¦			i	j i	i i			
		Boody 4	Dend		Total Depth	1	<u> </u>	P.B.T.D.			
Date Spudded	Date Con	npi. Ready t	io Piou.		7 000 D 174.			1.5.1.5.			
					T 01/000	Day					
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay			Tubing Depth			
Perforations								Depth Casing	g Shoe		
		TURING	CASI	NG AND	CEMENT	ING RECOR	D D				
11015.0175		ASING & T			1	DEPTH SET		S	ACKS CEM	ENT	
HOLE SIZE	 	ASING & I	Obito	<u> </u>	<u> </u>						
					 						
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					ļ						
	J				<u> </u>			_L			
V. TEST DATA AND REQUE	ST FOR	ALLOW	VABLE	,							
OIL WELL (Test must be after)	recovery of	total volum	e of load	oil and mus	be equal to c	or exceed top al	lowable for th	is depit es be		7 W E 11	
Date First New Oil Run To Tank	Date of	Test			Producing N	Method (Flow, p	ump, gas lýt,	ec.) U)	C (A) P	8 0 00 1	
					ļ					\$3	
Length of Test	Pressure			Casing Pres	en ic		Choke Size NOV 2 1992				
reagat or tem	I doing i	1000010						}	1101	- •• •	
					Water - Bbl			Gas- MCF	0.00	A DIV	
Actual Prod. During Test	Oil - Bb	is.			1,420, - 20.	· -		1	ا الرياضي با د داد و ازر	ැ. ජ ප වූ	
					<u> </u>						
GAS WELL											
Actual Prod. Test - MCF/D	l ength	of Test			Bbls. Cond	ensate/MMCF		Gravity of	Condensate		
Actual Prod. Tex - MCI/D	Deagai	Length of Test									
		Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size		
Testing Method (pitot, back pr.)	Inoing	Lieranie (2)	nua-us)		Casing Fie	sable (onlea-in)					
	1				_						
VI. OPERATOR CERTIFIC	TATE	OF COM	IPI JA	NCE	 			TION	D1/401	ON.	
						OIL CO	NSEH	VATION	DIVIDI	ON	
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above					11						
is true and complete to the best of my knowledge and belief.					n-	Date Approved NOV - 2 1992					
is not and combined on alle ages of this separated and agence.						Date ApprovedNOV - 21992					
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Connie 1. Van					By		7	المنا	\mathcal{A}_{-}		
Signature		T7 *	т.		"		<u> </u>	•	- Tony	,	
Ronnie K. Irani		Vice	Pres Tide	<u>ident</u>		1	3 U	PERVISOR	DISTRI	CT 44	
Printed Name October 16, 1992		(/,05		-1300	Titl	le		<u>_</u>		J. 73	
_			elephone		11						
Date		•	HEPIONE		11						

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.