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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., Aziec, NM 87410

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I.	•	TO TRA	ANS	PORT O	L AND NA	TURAL G	AS							
Operator						Wel				/ell API No.				
Louis Dreyfus Natura	30-045-28402													
14000 Quail Springs Reason(s) for Filing (Check proper box)	Pkwy. S	uite 6	00.	0klahor	na City.	OK 7313 ver (Please expl	34 lain)							
New Well		Change in			_	•								
Recompletion Change is Operator	Oil Casinghea		Dry Cond	Gas 🕍 lensate 🗍										
If change of operator give name						···								
and address of previous operator														
II. DESCRIPTION OF WELL	AND LEA		1= .											
Lease Name								State Federal of Fee			ease No.			
Federal Coal / 2	<u>#</u>	Cu-23	I Bas	sin Fru:	itland Co	oal				SF-0	79116			
Unit Letter K	_ :205	0	. Feet	From The	South Lin	e and155	50	Feet From T	he We	st	Line			
Section 12 Townsh	ip 27N		Rang	e 12W	, N	MPM,	San Jua	an			County			
III. DESIGNATION OF TRAP	NSPORTE	R OF O		ND NATL										
Name of Authorized Transporter of Oil none		red copy of th												
Name of Authorized Transporter of Casin	Address (Give address to which approved copy of this form is to be sent)													
Louis Dreyfus Natura											y, OK 731			
If well produces oil or liquids,	Unit Sec. Twp. Rge.					en 7	·							
If this production is commingled with that			L		ives				/11/	93				
IV. COMPLETION DATA	nom any our	ET ICASE OF	pool, g	Ase containing	hing order som	·								
Designate Type of Completion	- (X)	Oil Well		Gas Well	New Well	Workover	Deepen	Plug Ba	ck San	xe Res'v	Diff Res'v			
Date Spudded	Date Compl. Ready to Prod.			Total Depth			P.B.T.D.			4				
11/16/93	1964'				1920	•								
Elevations (DF, RKB, RT, GR, etc.)	01/12/91 Name of Producing Formation				Top Oil/Gas	Top Oil/Gas Pay			Tubing Depth					
6039' GR 6051' KB	1		1904'											
Perforations										Depth Casing Shoe 1964				
1678' - 1698'	4 JSPF	IRING	CAS	ING AND	CEMENTI	NG RECOR	D		1904					
HOLE SIZE	TUBING, CASING AND CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT						
12 1/4	8 5/8				146			86 sx to surf						
7 7/8		5 1/2				1,964			264 sx to surf					
5 1/2	2 3/8				1,904			none						
A TEST DATA AND DEGUES	T FOR A	17307	DIE	<u> </u>	<u> </u>									
V. TEST DATA AND REQUES OIL WELL (Test must be after r					he equal to or	exceed top offe	wahle for t	his death ar l	he for fu	il 24 kou	re)			
Date First New Oil Run To Tank Date of Test						be equal to or exceed top allowable for this depth or be for full 24 hours.) Producing Method (Flow, pump, gas lift, etc.)								
Length of Test	Tubing Pressure				Casing Pressu	Choke Si	Choke Size							
Actual Prod. During Test	Oil - Bbls.				Water - Bbls.			Gas- MCF						
GAS WELL	<u></u>				<u></u>			<u> </u>						
Actual Prod. Test - MCF/D	Length of Te	est			Bbis. Conden	mte/MMCF		Gravity o	Conde	nsale				
114	24 hrs				0			N/A						
esting Method (pilot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in) 180 168 hrs			Choke Si	Choke Size					
Pitot	154 183 hrs				180	2	24/64							
I. OPERATOR CERTIFIC	ATE OF	COMP	LIAI	NCE		NI 00N	IOED)	/ATION		//010	A !			
I hereby certify that the rules and regula					'	DIL CON					איי			
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 1 5 1993								
A enter I Sams						Original Staned by CHARLES SHEES CON								
Signature Kenton L. Sams Production Engineer						By								
Printed Name 11/11/93	(4050		Title	- — 	Title.	UEP ITT	<u> </u>	13 12 13 13 13	JK, Di	Si. ∦ √				
11/11/93 Date	(4030		hone I	₩o.]									
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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.