Appropriate District Office DISTRICT 1 P.O. Box 1980, Hobbs, NM 88240

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

Diffic of frew prexico 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

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

Santa Fe, New Mexico 87504-2088

I.	REQUEST	OR ALLOWANSPORT C	ABLE AND AUTHOR OIL AND NATURAL (AIZATION	1			
Eland Energy, Inc.				Wall API No.				
Address			300458715500s1					
12801 N. Central	Expwv. #1550	Dallas, T	X 75243					
Reason(s) for Filing (Check proper box)		Dallas, 1	Other (Please ex	plain)	·			
New Well		n Transporter of:	() (· · · · · · · · · · · · · · ·	<i>p.u</i> ,				
Recompletion []	Oil	Dry Gas						
Change in Operator XX If change of operator give name	Casinghead Gas	Condensate						
and address of previous operator	BASF	5 Post	Oak Park, Ste 80	0 Hoüst	on, TX	77027-34	13	
II. DESCRIPTION OF WELL	AND LEASE			· · · · ·				
Lease Name	ding Formation	ng Formation Kind of Lease Lease No.						
Ute 2	11				of Lease Lease No. Federal or Fee MOO-C- ian Tribal			
Location				Ind	lian Trib	all 1420-		
Unit LetterD	: <u>945</u>	Feet From The	North Line and 11	10 ,	ect From The	West		
Saution O. C. W.					ect from the		Line	
Section 34 Townsh	<u> 31N</u>	Range 14W	, NMPM,	San Jua	n		County	
III. DESIGNATION OF TRAI	NSPORTER OF O	II AND NATI	IDAL CAC				•	
Name of Authorized Transporter of Oil	or Conder	isale X	Address (Give address to w	which approve	d conv of this C		.)	
Giant Refining Co	Address (Give address to which approved copy of this form is to be sent) P.O. Box 256 Farmington, NM 87449							
Name of Authorized Transporter of Casir	Address (Give address to which approved copy of this form is to be sent)							
Eland Energy, Inc	1	or Dry Gas X	12801 N. Centra	, #1550 Dallas, TX 75243				
give location of tanks.			. Is gas actually connected?	7				
this production is commingled with that		31N 14W	Yes		12/8	7		
V. COMPLETION DATA	visiting color lease (ii	boos' Bive countille	ging order number:		·····			
	Oil Well	Gas Well	New Well Workover		1 10 10 10			
Designate Type of Completion	- (X)	i	1 1 1	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Speidded	Date Compl. Ready to	Prod.	Total Depth		P.B.T.D,		J	
Charles Apr Ben Di Za					1.5.1.5.			
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation			Top Oil/Gas Pay		Tubing Depth			
critorations								
					Depth Casing	Shoe		
	TUBING	CASING AND	CEMENTING DECOR	15			·	
HOLE SIZE	TUBING, CASING AND HOLE SIZE CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
					-			
TEST DATA AND REQUES	 ***	11. D						
II. WELL Test must be after a	TOR ALLOYA	BLE						
Jule First New Oil Run To Tank	Date of Test		be equal to or exceed top allo	wable for this	depth or be fo	r full 24 hours.	.)	
		J D)	Fredreing Method (Flow, plant		ICA A	V P	1	
ength of Test	Tubing Pressure		Casing Pressure		Choke Size	\ <u>\</u>	·	
		es es	JUL 0 6 1992	- A/A	[4]]	10/0/00		
ctual Prod. During Test	Oil - Bbls.		Water - Bbls.		Gas- MCF	W X 1996	4	
		OI	LCON. DIVE		Can e	ONE	188 B 4	
IAS WELL			\ DIST. 3			A		
ctual Prod. Test - MCF/D	Length of Test	in .	Bbls. Condensate/MMCF		Gravity of Co	DIST. 3		
sting Method (pitot, back pr.)	propies in the second	Tubing Pressure (Shul-in)						
tuoing tressure (Sh		n)	Casing Pressure (Shut-in)		Choke Size			
I OUUD ATOD CERTIFIC								
I. OPERATOR CERTIFICA	ATE OF COMPL	IANCE	011 0011	050)	
I hereby certify that the rules and regula Division have been complied with and the	tions of the Oil Conserva	tion	OIL CON	SEHVA	ALION D	IVISION	1	
is true and complete to the best of my ki	nowledge and belief.	400Ve	_	1	JL 95	1932		
1	1. 01		Date Approved	<u> </u>	J L J 💚	10c1 (
LlU/	Orion	el Gasada	64 4 m =					
Signature Consulting Till			By Original Signed by CHARLES GHOLSON					
- Cecelia Thorne	Production	Analyst						
6/22/92	(214) 385-		Title OFPU	TY ON A G	AS INSPECTO	OR, DIST. #3	•	

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drifted or deepened well must be accompanied by tabulation of deviation tests taken in accordance
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.

Telephone No.

- 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 [xxol in multiply completed wells.