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U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			
PRODUCTION OFFICE			

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
 Supersedes Old C-104 and C-1
 Effective 1-1-65

I. OPERATOR
 Operator: Tahoe Oil & Cattle Co.
 Address: 4402 W. Industrial, Midland, TX 79703

Reason(s) for filing (Check proper box) Other (Please explain)

New Well Change in Transporter of: Oil Dry Gas
 Recompletion Casinghead Gas Condensate
 Change in Ownership

If change of ownership give name and address of previous owner: E.O.B. Energy Corporation, 9-D 3600 N. Midland Drive, Midland, TX 79703

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>State #20</u>	Well No. <u>1</u>	Pool Name, including Formation <u>Jal Mat</u>	Kind of Lease State, Federal or Fee	State <u>State</u>	Lease No. <u>A-983</u>
Location Unit Letter <u>B</u> ; <u>660</u> Feet From The <u>North</u> Line and <u>1980</u> Feet From The <u>East</u> Line of Section <u>20</u> Township <u>23-S</u> Range <u>36-E</u> , NMPM, <u>Lea</u> County					

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	<u>The Permian Corporation</u>	Address (Give address to which approved copy of this form is to be sent) <u>P. O. Box 1183, Houston, TX 77001</u>			
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	<u>Phillips Petroleum Company</u>	Address (Give address to which approved copy of this form is to be sent) <u>Bartlesville, OK 74004</u>			
If well produces oil or liquids, give location of tanks.	Unit <u>B</u>	Sec. <u>20</u>	Twp. <u>23S</u>	Rge. <u>36E</u>	Is gas actually connected? When <u>No</u>

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Some Restv. <input type="checkbox"/>	Diff. Restv. <input type="checkbox"/>
Date Spudded <u>10-25-83</u>	Date Compl. Ready to Prod. <u>12-1-83</u>		Total Depth <u>3833</u>			P.R.T.D. <u>3711</u>		
Elevations (DI, K&B, RT, CR, etc.) <u>3429.3 G.L.</u>	Name of Producing Formation <u>Yates-Seven Rivers</u>		Top Oil/Gas Pay <u>3536</u>			Tubing Depth <u>3661</u>		
Perforations <u>3536-3661 w/15 (Yates-Seven Rivers)</u>						Depth Casing Shoe <u>3830</u>		

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<u>12 1/4</u>	<u>8-5/8</u>	<u>420</u>	<u>300 sx (circ)</u>
<u>7 7/8</u>	<u>5-1/2</u>	<u>3830</u>	<u>650 sx (circ)</u>

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbl's.	Water-Bbl's.	Gas-MCF

GAS WELL

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

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

K. A. Freeman (Signature)
 Owner
 (Title)
 April 1, 1984

OIL CONSERVATION COMMISSION

APPROVED APR 19 1984, 19____

BY ORIGINAL SIGNED BY JERRY SEXTON
 DISTRICT I SUPERVISOR

TITLE _____

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 deviated 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 conditions.