

DISTRIBUTION			
SA	TA FE		
FI	E		
	G.S.		
	D OFFICE		
TRANSPORTER	OIL		
	GAS		
OPERATOR			
PRORATION 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-111  
Effective 1-1-65

I.

Operator <b>Tahoe Oil and Cattle Company</b>	
Address <b>P.O. Box 7032 Midland, Texas 79701</b>	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input checked="" type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of ownership give name **John H. Hill Suite 140 Campbell Center 8350 North Central Expressway**  
and address of previous owner **Dallas, Texas 752 06**

II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>JUDY</b>	Well No. <b>2</b>	Pool Name, including Formation <b>Langlie Mattix-7Rivers Queen</b>	Kind of Lease State, Federal or Fee <b>Fee</b>	Lease No.
Location Unit Letter <b>F</b> ; <b>1980</b> Feet From The <b>North</b> Line and <b>1980</b> Feet From The <b>West</b> Line of Section <b>7</b> Township <b>25-S</b> Range <b>37-E</b> , NMPM, <b>Lea</b> 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"/>	Address (Give address to which approved copy of this form is to be sent) <b>Box 300 Tulsa, Oklahoma 74102</b>					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) <b>P.O. Box 1492 El Paso, Texas</b>					
If well produces oil or liquids, give location of tanks.	Unit <b>C</b>	Sec. <b>7</b>	Twp. <b>25</b>	Rge. <b>37</b>	Is gas actually connected? <b>Yes</b>	When <b>7-24-74</b>

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

No

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well	Workover	Deepen	Plug Back	Same Rest'v.	Diff. Rest'v.
Date Spudded <b>6-5-74</b>	Date Compl. Ready to Prod. <b>9-14-74</b>	Total Depth <b>3520</b>	P.B.T.D. <b>3500</b>					
Elevations (DF, RKB, RT, GR, etc.) <b>3152 GL</b>	Name of Producing Formation <b>Langlie Mattix</b>	Top Oil/Gas Pay <b>3075</b>	Tubing Depth <b>3495</b>					
Perforations <b>3075 - 3469 w/ 12 shots (overall)</b>			Depth Casing Shoe					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
<b>12 1/4 "</b>	<b>8 5/8 "</b>		<b>317'</b>		<b>175</b>			
<b>7 7/8 "</b>	<b>4 1/2 "</b>		<b>3520'</b>		<b>325</b>			

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)

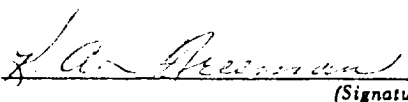
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, 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)

Petroleum Engineer

(Title)

April 10, 1975

(Date)

OIL CONSERVATION COMMISSION

APPROVED \_\_\_\_\_, 19\_\_\_\_

BY \_\_\_\_\_ Signed by

TITLE \_\_\_\_\_ J. Supv.

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 deviation 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 condition.