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

State of New Mexico
Geology, 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

RECEIVED

APR 15 1992

O. C. D.
REGULATORY OFFICE

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator Heartland Energy Corporation Well API No. 30-015-23672

Address P. O. Box 11865, Midland, Texas 79702

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

New Well Change in Transporter of: Oil Dry Gas

Recompletion Change in Operator Casinghead Gas Condensate

If change of operator, give name and address of previous operator: Alpine Petroleum Corporation

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Sun Texas State</u>	Well No. <u>1</u>	Pool Name, including Formation <u>Undes (Abo)</u>	Kind of Lease State, Federal or Fee	Lease No.
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Location
Unit Letter J : 1980 Feet From The South Line and 1980 Feet From The East Line

Section 24 Township 18-S Range 21-E, NMPM, Eddy County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be sent)

Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent)
Enron (Northern Nat'l Gas) P. O. Box 1188, Houston, Texas 77251-1188

If well produces oil or liquids, give location of tanks: Unit Sec. Twp. Rge. Is gas actually connected? When?
Yes 12/9/91

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

V. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
		X						
Date Spudded <u>2-26-81</u>	Date Compl. Ready to Prod.	Total Depth <u>7400</u>	P.B.T.D. <u>4551</u>					
Elevations (DF, RKB, RT, GR, etc.) <u>4099' KB</u>	Name of Producing Formation <u>Abo</u>	Top Oil/Gas Pay <u>4283 -4340</u>	Tubing Depth					
Perforations <u>4283-4340</u>			Depth Casing Shoe					

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

TEST DATA AND REQUEST FOR ALLOWABLE

L WELL (Tests 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 Tank 12-19-91 Producing Method (Flow, pump, gas lift, etc.)

Length of Test 24 hrs. Tubing Pressure Casing Pressure Choke Size

Actual Prod. During Test Oil - Bbls. Water - Bbls. Gas - MCF

AS WELL

Actual Prod. Test - MCF/D 65 Length of Test 24 hrs. Bbls. Condensate/MMCF -0- Gravity of Condensate

Testing Method (pilot, back pr.) Tubing Pressure (Shut-in) Casing Pressure (Shut-in) Choke Size 24/64"

OPERATOR CERTIFICATE OF COMPLIANCE

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

Bobbie J. Miller
Signature
Bobbie J. Miller O&G Analyst
Printed Name Title
4/13/92 (915) 686-9466
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved APR 17 1992

By ORIGINAL SIGNED BY

REGULATORY OFFICE

Title SUPERVISOR, DISTRICT II

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

- Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- All sections of this form must be filled out for allowable on new and recompleted wells.
- Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- Separate Form C-104 must be filed for each pool in multiply completed wells.

OCD Exhibit 2
Case 13712
June 8, 2006