Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico L. .rgy, Minerals and Natural Resources Departmen.

Form C-104 Revised 1-1-89
See Instructions
at Bottom of Page

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

OIL CONSERVATION DIVISION P.O. Box 2088 Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410 REQUEST FOR ALLOWABLE AND AUTHORIZATION

<u>I.</u>		TOTR	ANSF	PORTO	IL AND NA	ATURAL G	AS	İ				
I. TO TRANSPORT OIL AND NATURAL GAS									I API No.			
rexact Exploration and Production Inc.								0-025-21773 🗸				
Address						* * * * * * * * * * * * * * * * * * * *						
P. O. Box 730 Hobbs, A Reason(s) for Filing (Check proper box	New Mexic	0 8824	0-252	28								
New Well)		_			her (Please exp			· · · · · · · · · · · · · · · · · · ·			
Change in Transporter of: CHANGED IN LOCATION OF BATTERY												
Change in Operator	Oil Coringha		Dry G		E	FFECTIVE 6	5-1-93					
If change of operator give name	Casinghe	ac Cas	Conde	aute								
and address of previous operator												
II. DESCRIPTION OF WEL	I. AND I E	ACE										
Lease Name	AND DE		Pool N	Jame Jackyd	lina En-		V:-	of Lease				
L VAN ETTEN		Well No. Pool Name, Inclu 12 WEIR BLINES				- / a			x 1	Lease No.		
Location	1.2 WEIN BEINGE				FEE							
Unit Letter O	. 810		_ Feet Fr	rom The SC	OUTH Lin	e and213	0 F	eet From The	EAST	Line		
Section 9 Towns	E , NMPM, LEA (County							
III. DESIGNATION OF TRA	NCDADTE	D OE O	TT 4 %1	TA SATAPPOPT	DAT GAS							
Traine of Authorized Transporter of Oil		or Conder	IL AN	DNATU	Address (Gi	a addassa is						
SHELL PIPELINE CORP. Address (Give address to which approved copy of this form is to be sent) P.O. Box 2648 HOUSTON, TEXAS 77252										eni)		
I walle of Authorized Transporter of Casinghead Gas Dr. or Dr. Co.								owed copy of this form is to be sent)				
WARREN PETROLEUM CO)ŘP.		J,		P	0.0. BOX 15	uch approved 589 Till S	COPY OF THUS F	Orm is to be s ONA 741	eni)		
If well produces oil or liquids,	Is gas actuall	P.O. BOX 1589 TULSA, OKLAHOMA 74102										
give location of tanks.	$\frac{1}{K}$	9	205	37E		YES		•	UNKNOW	N		
If this production is commingled with the IV. COMPLETION DATA	t from any oth	er lease or	pool, giv	e comming!	ing order num	ber:						
Designate Type of Completion	(V)	Oil Well	1	ias Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v		
Date Spudded					Total Depth		i	1	Dank Res V	Pili Kesv		
Date Spuidled	Date Comp	Date Compl. Ready to Prod.					·	P.B.T.D.	L	_ 		
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas F	Dn.1/		ļ				
Perforations					Top oncestay			Tubing Depth				
								Depth Casing Shoe				
								Deput Casin	g Snoe			
	G AND	CEMENTIN	IG RECORI		<u> </u>							
HOLE SIZE	HOLE SIZE CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT				
					52 111 52 1			SACKS CEMENT				
/ TECT DAME AND DESCRIPTION												
V. TEST DATA AND REQUES	ST FOR AI	LLOWA	BLE			· · · · · ·		1				
OIL WELL (Test must be after to Date First New Oil Run To Tank	exceed top allow	vable for this	depth or be fo	r full 24 hour	·s.)							
Sate Firm New Oil Run 10 lank	1	Producing Method (Flow, pump, gas lift, etc.)										
ength of Test	Tubina Pana											
	Tubing Press	ure		1	Casing Pressur	e e		Choke Size				
Actual Prod. During Test	rod. During Test Oil - Bbls.				Water - Bbls.							
On - Buis.								Gas- MCF				
GAS WELL	<u> </u>											
schiel Prod. Test - MCF/D	Length of Te			· · · · · · · · · · · · · · · · · · ·	5							
	rengin of Test				Bbls. Condensate/MMCF			Gravity of Condensate				
sting Method (pitot, back pr.) Tubing Pressure (Shut-in)					Casing Pressure (Shut-in)							
		(dia 2)			B * reserve (Streett)			Choke Size				
I. OPERATOR CERTIFIC	ATE OF (CNADI	TANK	70	 -							
I hereby certify that the rules and regula	tions of the O	I Conserved	nive NATAL	a.	\cap	II CONG	SERVA	TIONID	יוויוי	A.I		
Division have been complied with and that the information given above					OIL CONSERVATION DIVISION							
is true and complete to the best of my knowledge and belief.					D-4- 4	\		MANAGA				
=1+1					Date A	Approved		MA'	Y 24 19	393		
1'horle Dans		•			(EBB)/ CES	/TON						
Signature MONTE C. DUNCAN ENGR. ASST					By ORIGINAL SIGNED BY JERRY SEXTON							
MONTE C. DUNCAN ENGR. ASST. Printed Name Title					DISTRICT I SUPERVISOR							
5-20-93		505-39		1	Title_							
Date			one No.									

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.
- 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.

RECEIVED

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OCD HOBBS OFFICE