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

## State of New Mexico Energy, Minerals and Natural Resources Department

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

## OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

1		IO IRA	4N2	PURT UII	- AND NA	I UNAL GA		12151		· · · · · · · · · · · · · · · · · · ·	
Operator Zachary Oil Oper	ating Company						Well	Well API No. 30-025-22905			
Address		·		·····				<u> </u>	<u> </u>	2-100	
307 West 7th Str	eet. S	Suite	12	12. Fo	rt Wort	h. Texa	<u> 18 761</u>	02-5178			
Reason(s) for Filing (Check proper box)  New Well		Change in	. T	and an of:	L. Oth	et (Please expl	in)				
Recompletion	Oil		Dry	• —	Chang	e of Op	erato	r from A	meri	can	
Change in Operator	Casinghea	d Gas 🔲	٠ .	lensate 🔲	Exp1c	ration	Compa	ny			
If change of operator give name and address of previous operator	ericar	і Ехр	lor	ation	Company	, 1331	Lamar	, Suite	900,		
II. DESCRIPTION OF WELL	AND LEA	SE		< O ~ · · ·		orin kar	Houst	on, Texa	ıs 77	010-3088	
Lease Name	AL VIDEO		Pool	Name, Include	ing Formation	N 147 KC31	Kind	of Lease		Lease No.	
Sims Federal 3			W	ants A	b o			Federal or Fee NM 029029		029029-B	
Location H	10	980		,	North	660			East		
Unit Letter	- :		_ Feet			and 660		et From The		Line	
7 Section Township	225		Rang	38		ирм,	Lea			County	
III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil		or Conden		ND NATU		e address to wi	ich approved	copy of this for	n is to be	sent)	
Phillips Petrole	1 1			Trucks	l .			ssa, Tex			
Name of Authorized Transporter of Casing	_					approved copy of this form is to be sent)					
If well produces oil or liquids. Unit Sec. Twp.					7		When			-	
If well produces oil or liquids, Unit   by continuous of tanks.		•		2¶ 38E	Is gas actually	NO NO	Wher	t .			
If this production is commingled with that	•—	er lease or	<u> </u>		ing order numl						
IV. COMPLETION DATA		γ					Y	·			
Designate Type of Completion	- (X)	Oil Well		Gas Well	New Well	Workover	Deepen	Plug Back  S	ıme Res'v	Diff Res'v	
Date Spudded	Date Comp	i. Ready to	Prod.		Total Depth		L	P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay						
								Tubing Depth			
Perforations								Depth Casing	Shoe		
						, be					
TUBING, CASING AND					CEMENTI		D		01/0 05	\( \frac{1}{2} \)	
HOLE SIZE	HOLE SIZE CASING & TUBING SIZE					DEPTH SET			SACKS CEMENT		
V. TEST DATA AND REQUES	T FOD A	HOW	A RJ 1	า					•		
OIL WELL (Test must be after re					be equal to or	exceed top allo	wable for thi	s depth or be for	full 24 ho	ners.)	
Date First New Oil Run To Tank	Date of Test		<u> </u>			thod (Flow, pu					
					Casing Pressure			Choke Size			
Length of Test	Tubing Pres	Tubing Pressure				Casing Liesanie					
Actual Prod. During Test	Oil - Bbls.				Water - Bbls.			Gas- MCF			
									<del></del>		
GAS WELL											
Actual Prod. Test - MCF/D	Length of Test				Bbis. Condensate/MMCF			Gravity of Condensate			
Festing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size			
VI. OPERATOR CERTIFICA	ATE OF	COMP	LIA	NCE			CEDV	ATION D	MOI	ONI	
I hereby certify that the rules and regula					۱ ر	JIL CON	SERV.	ATION D			
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.					Doto	Approvo	4	آف ا ق	C L	<u></u>	
$\Omega$ $\alpha$ $\Omega$ .						Approved	J	· · · · · · · · · · · · · · · · · · ·			
May a. Merce						By PRIGINAL SIGNED BY JERRY SEXTON					
Signature RAY A. PIERCE PROD. SUPT.					DISTRICT I SUPERVISOR						
Printed Name			Title	<del></del> 4-2150	Title.				<u> </u>		
JUNE 10, 1992 Date			-39 phone								
					!!						

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.
- 2) 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.