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

State of New Mexico  
 Energy, Minerals and Natural Resources Department

**OIL CONSERVATION DIVISION**

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

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

**REQUEST FOR ALLOWABLE AND AUTHORIZATION  
 TO TRANSPORT OIL AND NATURAL GAS**

**I.**

Operator <b>Pacific Enterprises Oil Company (USA)</b>	Well API No.
Address <b>10 Desta Dr., Suite 500 West, Midland, Texas 79705</b>	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> New Well <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Operator <input checked="" type="checkbox"/> Other (Please explain) Change in Transporter of: <input type="checkbox"/> Oil <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Dry Gas <input type="checkbox"/> Condensate Change of operator name from <b>Terra Resources, Inc.</b> Effective Date: <b>April 24, 1989</b>	
If change of operator give name and address of previous operator <b>N/A</b>	

**II. DESCRIPTION OF WELL AND LEASE**

Lease Name <b>S. J. Sarkeys</b>	Well No. <b>2</b>	Pool Name, Including Formation <b>Blinebry Oil &amp; Gas</b>	Kind of Lease State <input type="checkbox"/> Federal <input type="checkbox"/> or Fee	Lease No.
Location Unit Letter <b>H</b> : <b>990</b> Feet From The <b>East</b> Line and <b>1650</b> Feet From The <b>North</b> Line Section <b>26</b> Township <b>21S</b> Range <b>37E</b> , NMPM, Lea County				

**III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS**

Name of Authorized Transporter of Oil <b>Shell Pipeline Corp.</b>	<input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) <b>P.O. Box 1910, Midland, TX 79702</b>		
Name of Authorized Transporter of Casinghead Gas <b>Warren Petroleum Co.</b>	<input checked="" 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 1589, Tulsa, OK 74102</b>		
If well produces oil or liquids, give location of tanks.	Unit <b>H</b>	Sec. <b>26</b>	Twp. <b>21S</b>	Rge. <b>37E</b>
	Is gas actually connected? <b>Yes</b>			When? <b>4-7-66</b>
If this production is commingled with that from any other lease or pool, give commingling order number: <b>DHC R5961</b>				

**IV. COMPLETION DATA**

Designate Type of Completion - (X)	<input checked="" type="checkbox"/> Oil Well	<input type="checkbox"/> Gas Well	<input type="checkbox"/> New Well	<input type="checkbox"/> Workover	<input type="checkbox"/> Deepen	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Same Res'v	<input type="checkbox"/> Diff Res'v
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
Perforations				Depth Casing Shoe				
<b>TUBING, CASING AND CEMENTING RECORD</b>								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT		

**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 Tank	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 (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

**VI. 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.

*Robert Williams*  
 Signature  
**Robert Williams**  
 Printed Name  
 Accountant  
 Title  
 May 16, 1989  
 Date  
 (915) 684-3861  
 Telephone No.

**OIL CONSERVATION DIVISION**

Date Approved **JUN 6 1989**  
 By **ORIGINAL SIGNED BY JERRY SEXTON**  
**DISTRICT I SUPERVISOR**  
 Title

**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.