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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-110  
Effective 1-1-65

Operator <b>Tahoe Oil &amp; Cattle Co.</b>		
Address <b>P. O. Box 3084, Midland, Texas 79702</b>		
Reason(s) for filing (Check proper box)		Other (Please explain)
New Well <input checked="" type="checkbox"/>	Change in Transporter of:	<b>CASINGHEAD GAS MUST NOT BE FLARED AFTER 12/5/80 UNLESS AN EXCEPTION TO B-400 IS OBTAINED.</b>
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	

If change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE				
Lease Name <b>Tonto</b>	Well No. <b>1</b>	Pool Name, Including Formation <b>Langlie-Mattix (Queen)</b>	Kind of Lease State, Federal or Fee <b>Fee</b>	Lease No.
Location				
Unit Letter <b>M</b> ; <b>330'</b> Feet From The <b>West</b> Line and <b>990'</b> Feet From The <b>South</b>				
Line of Section <b>25</b> Township <b>24-S</b> Range <b>37-E</b> , NMPM, <b>Lea</b> County				

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>Permian Corporation</b>		<b>Box 1183, Houston, Texas 77001</b>		
Name of Authorized Transporter of Casinghead Gas <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>El Paso Natural Gas</b>		<b>P. O. Box 1492, El Paso, Texas 79978</b>		
If well produces oil or liquids, give location of tanks.	Unit <b>M</b>	Sec. <b>25</b>	Twp. <b>24S</b>	Rge. <b>37E</b>
		Is gas actually connected?		When
		<b>No</b>		<b>approx. 2-2½ weeks</b>

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

COMPLETION DATA									
Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Rest'v.	Diff. Rest'v.
		<b>X</b>		<b>X</b>					
Date Spudded <b>7-10-80</b>		Date Compl. Ready to Prod. <b>10-5-80</b>		Total Depth <b>3520'</b>		P.B.T.D. <b>3514'</b>			
Elevations (DF, RKB, RT, GR, etc.) <b>3149' GR</b>		Name of Producing Formation <b>Queen OK</b>		Top Oil/Gas Pay <b>3265'</b>		Tubing Depth <b>3399'</b>			
Perforations <b>3401' - 3432' (12 holes)</b>						Depth Casing Shoe <b>3499'</b>			

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>319'</b>	<b>200</b>
<b>7-7/8"</b>	<b>4-1/2"</b>	<b>3518'</b>	<b>775</b>
<b>4-1/2"</b>	<b>2-3/8"</b>	<b>3399'</b>	<b>-</b>


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 <b>10-5-80</b>	Date of Test <b>10-10-80</b>	Producing Method (Flow, pump, gas lift, etc.) <b>Pumping</b>	
Length of Test <b>24 hrs.</b>	Tubing Pressure <b>25#</b>	Casing Pressure <b>150#</b>	Choke Size <b>--</b>
Actual Prod. During Test	Oil-Bbls. <b>31</b>	Water-Bbls. <b>2</b>	Gas-MCF <b>165</b>

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

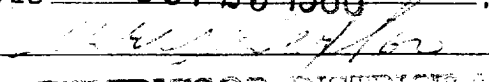
CERTIFICATE OF COMPLIANCE

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.

  
(Signature)  
Assistant Engineer  
(Title)  
October 13, 1980  
(Date)

OIL CONSERVATION COMMISSION

APPROVED **OCT 23 1980**, 19

BY 

TITLE **SUPERVISOR**

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.

Separate Forms C-104 must be filed for each pool in multiply