

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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U.S.S.L.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

OIL CONSERVATION DIVISION

P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

Form C-104  
Revised 10-01-78  
Format 08-01-83  
Page 1

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator  
ENERCAP Corporation

Address  
16945 Northchase Dr., Ste. 1700 Four Greenspoint Plaza Houston, Texas 77060

Reason(s) for filing (Check proper box)

<input type="checkbox"/> New Well.	Change in Transporter of:	<input type="checkbox"/> Dry Gas
<input type="checkbox"/> Recombination	<input type="checkbox"/> Oil	<input type="checkbox"/> Condensate
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas	

Other (Please explain)  
Company name change from DCR Petroleum Corporation to ENERCAP Corporation.

If change of ownership give name and address of previous owner ADDRESS CHANGE FROM: 4606 FM 1960 W. Ste. 220 Houston, Texas 77069

II. DESCRIPTION OF WELL AND LEASE

Lease Name T-4 Enhanced Recovery Unit	Well No. 2	Pool Name, including Formation Wildcat, Chinle	Kind of Lease State, Federal or Fee	Lease No. Fee
Location Unit Letter <u>C</u> ; <u>635</u> Feet From The <u>N</u> Line and <u>2145</u> Feet From The <u>W</u>				
Line of Section <u>17</u> Township <u>11N</u> Range <u>26E</u> , NMPM, <u>Guadalupe</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

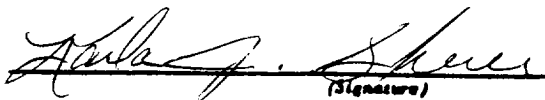
Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When

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

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. 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 is true and complete to the best of my knowledge and belief.

  
(Signature)  
Operations Analyst  
(Title)  
6-9-89  
(Date)

OIL CONSERVATION DIVISION

APPROVED FEB 2 19 90  
BY B. E. Johnson  
TITLE DISTRICT 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 completed wells.