

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

| | |
|------------------------|-----|
| NO. OF COPIES RECEIVED | |
| DISTRIBUTION | |
| SANTA FE | |
| FILE | ✓ |
| U.S.G.S. | |
| LAND OFFICE | |
| TRANSPORTER | OIL |
| | GAS |
| OPERATOR | |
| PRORATION OFFICE | |

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
Format 05-01-83
Page 1

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator
DCR PETROLEUM CORPORATION
Address
4606 FM 1960 West, Suite 220, Houston, TX 77069
Reason(s) for filing (Check proper box)
☐ New Well
☐ Recompletion
☒ Change in Ownership
Change in Transporter of:
☒ Oil
☐ Casinghead Gas
☐ Dry Gas
☐ Condensate
Other (Please explain)

If change of ownership give name and address of previous owner **Rio Petro, Ltd., 4835 LBJ Frwy., Ste. 635, Dallas, TX 75234**

II. DESCRIPTION OF WELL AND LEASE

| | | | | |
|---|----------------------|--|---|----------------------------|
| Lease Name O'Connell Ranch Unit | Well No. 8 | Pool Name, including Formation Wildcat, Chinle | Kind of Lease State, Federal or Fee State | Lease No. L 6331 |
| Location Unit Letter A ; 515 Feet From The N Line and 669 Feet From The E Line of Section 15 Township 11N Range 25E , NMPM, Guadalupe County | | | | |

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

| | | |
|--|--|--------------------|
| Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> The Permian Corporation | Address (Give address to which approved copy of this form is to be sent) P.O. Box 1183, Houston, TX 77251-1183 | |
| Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> N/A | Address (Give address to which approved copy of this form is to be sent) N/A | |
| If well produces oil or liquids, give location of tanks. | Unit A | Sec. 15 |
| | Twp. 11N | Rge. 25E |
| | Is gas actually connected? N/A 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.

Karla J. Shuer
(Signature)
Operations Analyst
(Title)
2/28/86
(Date)

OIL CONSERVATION DIVISION
APPROVED *3-20*, 19 *86*
BY *[Signature]*
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.

IV. COMPLETION DATA

| | | | | | | | | | |
|------------------------------------|-----------------------------|-----------------|----------|----------|----------|-------------------|-----------|-------------|----------|
| Designate Type of Completion - (X) | | Oil Well | Gas Well | New Well | Workover | Deepen | Plug Back | Same Res'v. | Diff. F. |
| | | Inj. | | | | | | | |
| Date Spudded | Date Compl. Ready to Prod. | Total Depth | | | | P.B.T.D. | | | |
| 11/22/80 | 5/2/81 | 509' | | | | | | | |
| Elevations (DF, RKB, RT, GR, etc.) | Name of Producing Formation | Top Oil/Gas Pay | | | | Tubing Depth | | | |
| 4577.4' GR | Santa Rosa | 405' | | | | 393' | | | |
| Perforations | | | | | | Depth Casing Shoe | | | |
| 405'-417', 420'-427', 430'-449' | | | | | | 503' | | | |

TUBING, CASING, AND CEMENTING RECORD

| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT |
|-----------|----------------------|-----------|--------------|
| 11" | 8-5/8" | 32' | 11 |
| 7-7/8" | 4 1/2" | 503' | 200 |
| | 2-3/8" | 393' | |
| | Backer | 393' | |

V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceedable for this depth or be for full 24 hours)

| | | | |
|---------------------------------|-----------------|---|------------|
| Date First New Oil Run To Tanks | 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 |