District Office D. Box 1980, Hobbs, NM 88240

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

## OIL CONSERVATION DIVISION

P.O. Drawer DD, Artesia, NM 88210			P.O. B	ox 2088			147.41				
		San	ta Fe, New M	lexico 875	04-2088		O. C	. D.			
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410	n=0:			D. E A.ID		7.7.0	ARTESIA, OFFICE				
			RALLOWA								
I.		TO TRAI	NSPORT OI	L AND NA	TURALG	AS Wall	A DI NA				
Operator			Well API No.								
Presidio Exploration,		30-015-23975 <u>00D2</u>									
Address 3131 Turtle Creek Blv	d, Suite	e 400	Dallas, TX	75219-	5415						
Reason(s) for Filing (Check proper box)				Oth	et (Please expl	ain)					
New Well	٠,		Transporter of: Dry Gas					•			
Recompletion $\bigsqcup$						•					
Change in Operator XX	Casinghea	d Gas 📙 🤄	Condensate			Effe	ctive Ap	ril l,	1991		
If change of operator give name and address of previous operator The P	etroleur	m Corpo	ration of	Delaware	- 3131	Turt1e	Creek B1	vd. Sui	te 400		
Dallas, TX 75219-5415											
IL DESCRIPTION OF WELL	ing Formation		Vin.4	of 1 asso	of Lease No.						
Superior Federal	- I						<u>Federal</u> or Fed		0144698		
Location			MUSSEII M	отгсащр	Gas 1001	./		MEMPI	0144030		
Unit Letter K	_ :198	801	Feet From The	South Lin	and 198	<u> </u>	et From The	West	Line		
Section 5 Townshi	p 209	S1	Range 2	9E , N	MPM,	Eddy			County		
III. DESIGNATION OF TRAN	JCP()PTF	ווס אס פ	. AND NATE	DAL GAS			,				
Name of Authorized Transporter of Oil		Address (Give address to which approved copy of this form is to be sent)									
Koch Oil Co	· 🗀 🖼					P O Box 2256 Wichita, KS 67201					
Name of Authorized Transporter of Casin	or Dry Gas 📆	<del></del>			copy of this form is to be sent)						
Delaware Natural Gas	P O Box 2523 Roswell, NM 88207					•					
If well produces oil or liquids,	ell produces oil or liquids,   Unit Sec. Twp. Rgs. Is gas actually connect						When?				
give location of tanks.	K	5 <u>l</u>	20S  29E	no							
If this production is commingled with that IV. COMPLETION DATA	from any other	er lease or po	oi, give comming	ling order num	>er:						
	<b>a</b> s	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v		
Designate Type of Completion		<u></u>	<u> </u>	Total Name	L. ,	<u> </u>	لحصيا		1		
Date Spudded	Date Compi. 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					<del></del>	<del></del>	Depth Casing	Shoe			
	77	unnic c	A CINIC AND	CELORATE	IC PECOD		<u> </u>				
UOI E PIZE	TUBING, CASING ANI					<u> </u>	CACVO CEUTAT				
HOLE SIZE	CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT				
				<del> </del>		<del></del>					
	<del>                                     </del>		<del></del>								
	<u> </u>					······································					
V. TEST DATA AND REQUES	T FOR A	LLOWAL	BLE				· · · · · · · · · · · · · · · · · · ·				
OIL WELL (Test must be after r	ecovery of tol	al volume of	load oil and must					or full 24 hou	·s.)		
Date First New Oil Run To Tank	lew Oil Run To Tank Date of Test				thod (Flow, pu	mp, gas lift, e	(c.)				
Length of Test	Tubing Pres	sure		Casing Pressure			Choke Size				
Actual Prod. During Test	Oil - Bbis.			Water - Bbis.			Gas- MCF				
GAS WELL	<u> </u>			<u> </u>			1	<del></del>	<del></del>		
Actual Prod. Test - MCF/D   Length of Test					Bbls. Condensate/MMCF			ndensate			
Testing Method (pitot, back pr.)	Tubing Pres	sure (Shut-in	)	Casing Pressu	re (Shut-in)		Choke Size				
VI. OPERATOR CERTIFIC	ATE OF	COMPL	IANCE		^^:	000					
I hereby certify that the rules and regulations of the Oil Conservation					OIL CONSERVATION DIVISION						
Division have been complied with and that the information gives above is true and complete to the best of my knowledge and belief.					Date Approved MAY 2 8 1991						
Whillie Schotsky					Date Apploved						
Signatury )				By ORIGINAL SIGNED BY							
Phyllis Sobotik Production Rpt's Supervisor Printed Name Title				MIKE WILLIAMS SUPERVISOR, DISTRICT I							
May 21, 1991 214-528-5898				Title							
		Tale-L	ana Nia								

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

<sup>1)</sup> 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.