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State of New Mexico Energy, Minerals and Natural Resources Department Form C-104
Revised 1-1-89
Seg Instruction
at Bottom of Pe

DISTRICT II P.O. Driwer D.D. Antesia, NM \$6210

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

JAN 03 195

DISTRICT III
1000 RIO Brizos Rd., Artec, NM 87410

·			R ALLOWA							
I. Operator	AND NATURAL GAS Wall API No.									
TOPAT OIL CORPORA			30-015-04676							
Address	11011							+070		
505 N. BIG SPRING		MIDLAN	ID, TEXAS,							
Resson(s) for Filing (Check proper bo	-			On	er (Please expi	lain)		1 Desir		
New Well		Change in Transporter of: Oil Dry Gas								
Recompletion	Oil Control	,	Condensate		V					
If change of operator give name	Casingliead	JON []	ZORIGERIAN							
and address of previous operator	••							. <u></u>		
II. DESCRIPTION OF WEL	I. AND LEA	SE								
Leane Name		Well No. Pool Name, Including Formation						of Leuse Lease No.		
KEYES		3	P.C.A	YATES	·	Siala	Poderator Per	LC-02	29171-C	
Location										
Unit Letter		980 F	eet From The S	OUTH U	c and19	980 Fe	el Prom The .	EAST	Line	
Suriform 15 Towns	20 S01 مارات	IITH .	tenge ³⁰ E	AST .N	мрм, ЕП	DDY			County	
Section 15 Town	whip 20 50	<u> </u>	(unge U	110 I N	MrM. EL	<u> </u>	······································			
III. DESIGNATION OF TRA	ANSPORTE	R OF OIL	AND NATU	RAL GAS						
Name of Authorized Transporter of Oi		or Condense		Address (Gi	re address to w	hich approved	copy of this So	orm is to be se	ini)	
LanternPetroleum				POBOX 2281, Midrand, TX 79702					1702	
Name of Authorized Transporter of Ca	r Dry Gas	Address (Give address to which approved copy of this form is to be sent)								
16 - 16 - 16 - 16 - 16 - 16 - 16 - 16 -	100	<u>. γ</u>		it gas actual	v contrad?	When	7			
If well produces oil or liquids, give location of tents.	Unit		wp. Rya. :0s 30e	is gas acmen	y connected?	1	•			
If this production is commingled with the				ling order num	ber:					
IV. COMPLETION DATA	sat ficht ally out	11 100 to 10 pc	of Bar odining							
		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Sama Ras'v	VINK TIIC	
Designate Type of Complete		j	<u> </u>	Total Depth	<u> </u>	1		<u> </u>		
Date Spudded	Date Compi	Date Compl. Ready to Prod.					P.B.T.D.	P.B. I.D.		
Element IDE DVA DE CO	Nome of Da	- Avelon Fran		Top Oil/Oss Pay			Tubing Depth			
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation										
Perforations							Depth Casing Shoe			
TUBING, CASING AND				CEMENTI	NG RECOR	D				
HOLE SIZE CASING & TUBING SIZ				DEPTH SET			SACKS CEMENT			
				ļ						
COMPANIED FOR SERVICE	EAM EAD A	112075	i e	<u> </u>			L			
V. TEST DATA AND REQU	EST FUR A	LLUWAI	DISES There oil and much	he enual to m	exceed top all	owable for this	depth or haf	or full 24 hou	rs.)	
OIL WELL (Test must be after recovery of total volume of load ail and must Date First New Oil Russ To Tank Date of Test					Producing Method (Flow, pump, gas lift, etc.)					
							1 A 1 . AL.			
Length of Test	Tubing Pressure			Casing Pressure			Choke Size			
			N/ are Phile			Gas- MCF				
Actual Prod. During Test	Oil - Bbls.			Water - Bbls.						
				J			J			
GAS WELL					A KIZE		Gravity of C	ondensala		
Actual Prod. Test - MCF/D	Leagth of T	esi		Bbis. Condensate/MIMCP						
osting Mashod (pitot, buck pr.) Tuhing Pressure (Shut-in)				Casing Pressure (Shut-IR)			Choke Size			
			V 4 5 1/3 15							
VL OPERATOR CERTIF				11 (OIL COM	ISERV	ATION I	DIVISIO	N	
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.				Date ApprovedJAN 1 2 1995						
										-5/
JOHN COM	× / -		·	By_						
Signature TOM SCHNEIDER		סס	REIDENT.	",-			•			
Printed Name	^ .		lide.	Title		4687 180	R. DISTR	ICE II		
12-21-94	415/68	12-103	40							
Date	ϵ	Teleph	ioni No.	41						

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 III.
- 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. marate Form C-104 must be filed for each pool in multiply completed wells.