DISTRICT I P.O. Box 1940, Hobbs, NM \$8240

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-104 Revised 1-1-8 See Instruction at Bottom of

DISTRICT II P.O. Drawer DD, Artesia, NM 86210

OIL CONSERVATION DIVISION P.O. Box 2088

DISTRICT III

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brizos Rd., Ariec, NM 87410	REQUE		ALLOWAE	BLE AND AUTH	 HORIZ	ATION	J	W03	15	
TO TRANSPORT OIL AND NATURAL GAS						S Wall	Well API No.			
TOPAT OIL CORPORATION					\int_{-}	30	30-015-04680			
Address 505 N. BIG SPRI	NG. STE.	204, M	IIDLAND, T	EXAS, 79701	-V					
Resson(s) for Filing (Check proper box)		· · · · · · · · · · · · · · · · · · ·		Other (Flex	se explai	n)		M-		
New Well	Ch		nansporter of:				La de la companya de			
Recompletion										
Change in Operator Caninglicad Gas Condensate				<u></u>	<u> </u>					
If change of operator give name and address of previous operator										
	DESCRIPTION OF WELL AND LEASE					nation Kind of Lease Lease No.				
Lease Name KEYES	W	Well No. Pool Name, Including For P.C.A-YATES			Pinta 1			LC-029171-C		
Location	1.65	^	1	IODTH	2310.		_	EST	• • •	
Unit Letter F	- !165	<u> </u>	ees From The	NORTH Lipe and _			at Prom The		Lino	
Section 15 Towarhi	20 SOUT	H R	ong. 30 EAS	S'T , NMPM,	ED	DY			County	
III. DESIGNATION OF TRAN	SPORTER	of oil	AND NATU	RAL GAS						
Name of Authorized Transporter of Oil	Address (Give address to which approved copy of the form is to be sent)									
Lan tern Petrol				P.O.Box 2281, Mi Address (Give address to which approved			gland			
Name of Authorized Transporter of Casing	ghead Gas (~	r Dry Gas	Address (Give addre	use to whi	ch approves	copy of that just			
If well produces oil or liquids, tive location of tenks.	Unit So	À		is gas actually conne	cted?	When	7			
If this production is commingled with that	F Com any other !		0 s 30 e	is a order number:						
IV. COMPLETION DATA	liciti sul conset i	case of po	OI, DAR COMMUNIC	INE OIGH HEIMON					ber 1	
Designate Type of Completion		XI Well	Gun Well	New Well Work	cover	Despen	Piug Back S	ime Red v	DIT RAIV	
Date Spudded	Date Compl. F	leady to Pr	rod.	Total Depth			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Ferfordions				Top Oil/One Pay			Tubing Depth			
						Depth Casing Shoe				
	CEMENTING R	<u>) </u>	SACKS CEMENT							
HOLE SIZE	CASIN	G & TUB	NG SIZE	DEFI						
			····							
V. TEST DATA AND REQUES	T FOR AL	LOWAR	SLE	<u> </u>			J			
OIL WELL (Test mum be after r	ecovery of total	volume of	load oil and must	he equal in or exceed	top allo	vable for this	depth or he for	juli 24 hour	1.)	
Date First New Oil Run To Tank	Date of Test			Producing Method (/	Flow, pun	rp, gas lýl, s	(c.)			
Length of Test	Tubing Pressure			Casing Pressure		Choke Size				
Actual Prod. During Test	Oil - Bbls.			Water - Bols			Gas-MCF			
GAS WELL	J			J						
Actual Prod. Test - MCF/D	Leagth of Test			Bbls. Condensate/MMCP			Gravity of Condensate			
Testing Meshod (pitot, back pr.)	Tubing Pressure (Shut-in)			Casing Pressure (Shus-in)			Choke Size			
VI. OPERATOR CERTIFIC	ATE OF C	OMPL	JANCE		CON	CEDV	ATION D	ואופור)N	
I hereby certify that the rules and regul	lations of the Oil	Conscrvat	lion ´	II OIL	U U I N				•	
Division have been complied with and is true and complete to the best of my			aticive ,	Date App	ารดบคร	1	JAN 12	1995		
Jan. 5/				Lara Whi	.,					
Signature		יתת	ESIDENT	Ву						
TOM SCHNEIDE	·	т	ius	Title	ψ. (3)	DEERVI	804 DIST	RICE II	<u> </u>	
12-21-94 L	115-68	2- La	3(10)	I MIG						

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