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Appropriate District Office
DISTRICTJ

State of New Mexico Energy, Minerals and Natural Resources Department Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

P.O. Box 1980, Hobbs, NM 88240

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

DISTRICT II P.O. Drawer DD, Artesia, NM 88210

DISTRICT III 1000 Rio Brzzos Rd., Aztec, NM 87410	DEO	JEST F		LLOWAE	BLE AND	AUTHOR	ZATION	•			
REQUEST FOR ALLOWABLE AND AUTHORIZ TO TRANSPORT OIL AND NATURAL G/								.S Well Alt No.			
Operator							Well	ATT NO.			
Bison Petroleum Corpor	ation								<del></del>		
Address 5809 S. Western Suite	200. A	marillo	, Te	exas 79	9110-3607						
Reason(s) for Filing (Check proper box)	200,				Oth	ier (Please exp	lain)				
New Well		Change in			Chanas	o efforti		st 1, 199	1		
Recompletion	Oil		Dry G		Change	e ellecti	Lve Augus	St 1, 177	1		
Change in Operator	Casinghe	ad Gas X	Conde	nrate							
f change of operator give name and address of previous operator									<del></del>		
II. DESCRIPTION OF WELL	AND LE	ASE									
Lease Name	Well No. Pool Name, Includi					ng Formation Kind of			Lease Lease No. NM-027887		
						n Andres Assoc.			NM-02	/88/	
Location					_		460 -	- "	Eas	tLine	
Unit Letter P	_ :	600	Feet F	rom The	South Lin	e and	660 Fe	et From The	Las	LLine	
Section 20 Townshi	<b>,</b> 9	S	Range	381	E , N	мрм,			Lea	County	
III. DESIGNATION OF TRAN	CDADTI	7D AF 0	11. AN	ND NATU	RAL GAS						
III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil	NX)	or Conden	sale		Virginia (Qu	VE DOWN END TO IT		copy of this for			
Enron Oil Trading & Transportation GergynvorD.						P.O. Box 1188, Houston, TX 77251-1188					
Name of Authorized Transporter of Casinghead Gas Effective Dr. 1-93						Address (Give address to which approved copy of this form is to be sent) P.O. Box 50250, Midland, TX 79710					
Trident NGL, Inc.	1							end, TX /9/10			
If well produces oil or liquids, give location of tanks.	Unit   P	S∞.   20	Twp.   93	Rge. S   38E	Yes		<u>i</u> s	8-1-66			
If this production is commingled with that	_		1			iber:					
IV. COMPLETION DATA							_,	(		haire Back	
	an.	Oil Well		Gas Well	New Well	Workover	Deepen	Plug Back	Same Res v	Diff Res'v	
Designate Type of Completion	1 - (X)				Total Depth	I		P.B.T.D.			
Date Spudded	Date Con	Date Compl. Ready to Prod.				Total Depair			1.5.1.5.		
levations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas	Top Oil/Gas Pay			Tubing Depth		
									Depth Casing Shoe		
Perforations								l			
TUBING, CASING AND					CEMENT	CEMENTING RECORD					
HOLE SIZE	HOLE SIZE CASING & TUBING SIZE					DEPTH SET			SACKS CEMENT		
HOLL SIZE											
					_				_		
	TEOP	ALLOW	ARLI	7.	1					<del> </del>	
V. TEST DATA AND REQUE	SI FUK	iotal volume	of load	s I oil and mus	s be equal to o	r exceed top a	lonable for th	is depth or be fo	r full 24 hou	rs.)	
V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of load oil and must Date First New Oil Run To Tank Date of Test						Acthod (Flow, p	ownp, gas lift,	eic.)			
TO THE TIEW ON NOW TO THE								Choke Size	Choke Size		
Length of Test	Tubing Pressure				Casing Press	STILE		CHURC BINT			
					Water - Bbl.			Gas- MCF			
Actual Prod. During Test	Oil - Bbls.				Water - Doy	0-					
					_l						
GAS WELL					Tible Conde	Bbis. Condensate/MMCF			Gravity of Condensate		
Actual Prod. Test - MCF/D	Length of Test					Bois. Condensation views					
	d (nited back pr.) Tubing Pressure (Shut-in)					Casing Pressure (Shut-in)			Choke Size		
Testing Method (puot, back pr.)  Tubing Pressure (Shut-in)											
VI. OPERATOR CERTIFIC		E COM	PLIA	NCE		011 00	NICEDV	'ATION [	אואוכונ	NC	
VI. OPERATOR CERTIFIC	lations of the	he Oil Conse	rvation			OIL CO	NOEHV	AHONL	ا ۱۵۱۷ ار	J 1 1	
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.			Dat	e Approv	ed				
$\sim$							nui:	, Signed L.			
Finda Scott					By.		P	g. Signed b. aut Kautz Geologist			
Signature / Linda Scott , Administrative Secretary							,	Geologist			
Printed Name			Title	:	Title	e					
12-6-91 8	06/358	-0181	lephone	No.							
Date		TE	rehitone		11			outer of present to the or	the second of the way	man are a car of ranks	

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

2) All sections of this form must be filled out for allowable on new and recompleted wells. A M. for changes of operator, well name or number, transporter, or other such changes,

with Rule 111.