Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. BOX 1980, Hobbs, NM 88240

State of New Mexico vergy, Minerals and Natural Resources Depart

Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

OIL CONSERVATION DIVISION

P.O. Box 2088

DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410

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

Santa Fe, New Mexico 87504-2088 REQUEST FOR ALLOWABLE AND AUTHORIZATION

I. Operator	7	OTRAN	SPORT OI	L AND NA	ATURAL C	BAS				
National Energy Group, Inc.						l l	Well API No.			
Address Energy G1				0-025-0	8000					
4925 Greenville Av	ze., Si	uite 1	400, Dal	las, T	X 7520	06				
Reason(s) for Filing (Check proper box)					her (Please exp					
New Well Recompletion		Change in Tr								
Change in Operator	Oil Casinghead		ry Gas							
If change of operator give name										
and address of previous operator V.P.			3312 Pie	dmont	Rd., St	te. 505	, Atla	nta, G	A 30305	
II. DESCRIPTION OF WELL Lease Name	AND LEA									
State "DX"	Well No. Pool Name, Includ							of Lease No. Federal or Fee V-1529		
Location					o remo remi			V21329		
Unit Letter F	: 1979	9.5 Fe	et From The	orth Li	me and 19	989.65	eet From The	west	Line	
	10-S		ange 32-E			Lea			County	
III DESIGNATION OF TRANS	epopæer	OFOU	4 3 Dr. 3.7 4 000 1							
III. DESIGNATION OF TRAN	X .	or Condensate	AND NATU	Address (Gi	ve address to v	uhich annroue	d capy of this	form in to be		
Navajo Refining Co.					Address (Give address to which approved copy of this form is to be sent) P.O. Box 159, Artesia, NM 88210					
Name of Authorized Transporter of Casinghead Gas X or Dry Gas					Address (Give address to which approved copy of this form is to be sent)					
Warren Petroleum If well produces oil or liquids, Unit Sec. Twp. Rge				P.O. Box 1589, Tull Is gas actually connected? When						
give location of tanks.	F		vp. Rge. 1.0S 32E	no	ly connected?	When	1 ?		·	
If this production is commingled with that f IV. COMPLETION DATA	rom any othe	r lease or poo	, give commingl	ing order num	iber:					
Designate Type of Completion -	(V)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded		Ready to Pro	<u></u>	Total Depth	1	1	ļ	<u> </u>		
				·			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth			
Perforations					1			Depth Casing Shoe		
TUBING, CASING AND					NG RECO	3D				
HOLE SIZE CASING & TUBING SIZE				DEPTH SET				SACKS CEMENT		
							-			
V. TEST DATA AND REQUES OIL WELL Test must be after re										
Date First New Oil Run To Tank Date of Test Date of Test					be equal to or exceed top allowable for this depth or be for full 24 hours.) Producing Method (Flow, pump, gas lift, etc.)					
	Date of Yes			Troodoning tried on (Trow, purity, gas tyr, etc.)						
Length of Test	Tubing Pressure			Casing Press	ure	74	Choke Size	Choke Size		
Actual Prod. During Test	Oil - Bbls.			Water - Bbls			Gas- MCF	Gas- MCF		
GAS WELL				1						
Actual Prod. Test - MCF/D	Length of Te	est		Bbls. Conder	nsate/MMCF		Gravity of C	Condensate		
Testing Mathed (nitet hart -)										
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)			Choke Size			
VI. OPERATOR CERTIFICA	ATE OF	COMPLI	ANCE							
I hereby certify that the rules and regular Division have been complied with and the	tions of the C	il Conservation	on.	(OIL CON	NSERV.	ATION I	DIVISIO	N	
is true and complete to the best of my knowledge and belief.					Approve	ed	D	EC 219	32	
Janua B. Smith										
Signature Jeannine B. Smith Chief Engineer				By ASSINAL MENED BY JERRY SEXTON						
Printed Name	CHIE	Tit		Title		DOM: F BOOK DOS.				
December 15, 1992	21	4-692-		HILLE				-		

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.

Telephone No.

- 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.