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

State of New Mexico Energy, Minerals and Natural Resources Department

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

Well API No.

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

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator						-				Well	API No.			
	PETRO	LEUM CO	RPORAT	ION	·									
Address 105 Sc	outh 4t	h St.,	Artesi	a, NM	88210)								
Reason(s) for Filing (Check proper box)								Other (Please explain)						
New Well	Change in Transporter of:				Effective Date: J				January	1, 1991				
Recompletion								· · ·						
Change in Operat			Casinghea	id Gas	Condensa	ite						-		
f change of opera and address of pre	vious opera	or												
I. DESCRIP	O NOIT	F WELL	AND LE							1 751				
case Name Patton "AAR" State				Well No.	1	ool Name, Including		ton Mesa SA			State, Federal or Fee		ease No.	
	"AAR"	State		2	Sout	n bu	LLOH IV	lesa	SA		<u>" </u>	K 1	.69	
Location	0)		660		- S	outh_L		1980	} ,		East	1:	
Unit L	etter	<u> </u>	. :		. Feet Prof	n The	<u> L</u>	ine and		I	eet From The		Line	
Sectio	n 5	Township	, 9S		Range	32E		NMPM,		Lea			County	
III. DESIGN	ATION (OF TRAN	SEQUE	Engray	i Cokid	NATUI	RAL GAS	S						
Name of Authori	zed Transpo	rter of Oil	Effec	ctive 4	4693	<u> </u>	Address (G	ive add	ress to wh	ich approve	d copy of this	form is so be s	ent)	
Enron O	il Trad	ling & I					P.O. B	ox 1	188 -	Houst	on, TX	77151-11	88	
Name of Authoriz	zed Transpo	eter of Casing	head Gas		or Dry C	las 🗀	Address (C	ive add	ress to wh	ich approve	d copy of this	form is to be s	ent)	
If well produces of	Unit Sec. Twp.			Rge.	Is gas actually connected? When			n ?	?					
give location of ta	I 5 9			32E	No No				viicii (
If this production	_		from any ot	her lease or			ing order nu		-					
IV. COMPL	ETION I	DATA		Oil Well	1 6	as Well	New We	ı l wa	rkover	Deepen	Phio Back	Same Res'v	Diff Res'v	
Designate 7	Гуре of C	ompletion	- (X)	Jon Well	1 %	-5 17 611	,	""			l lug back	Carrie Kea v	P.III REST	
Date Spudded			Date Com	pl. Ready to	Prod.		Total Dept	h			P.B.T.D.			
Elevations (DF, F	Name of Producing Formation				Top Oil/Gas Pay				Tubing Dep	Tubing Depth				
Perforations			<u></u>				<u> </u>				Depth Casi	ng Shoe		
											'			
				TUBING,	CASIN	G AND	CEMENT	ING I	RECOR	D				
НС	DLE SIZE		CA	SING & TU	JBING SI	ZE		DEP	TH SET			SACKS CEM	ENT	
			ļ				<u> </u>							
		_	 				-							
			-											
V. TEST DA	TA AND	REQUES	T FOR	ALLOW	ABLE		1				l			
OIL WELL	(Test n	ust be after r	ecovery of t	otal volume	of load or	l and must					his depth or be	for full 24 hou	urs.)	
Date First New C	oil Run To	Fank	Date of To	est			Producing	Method	(Flow, pu	ımp, gas lift	, elc.)			
Length of Test	Tubing Pressure				Casing Pressure				Choke Size	Choke Size				
Actual Prod. Dur	Oil - Bbls.				Water - Bbis.				Gas- MCF	Gas- MCF				
O L C YETT Y		-A	1				L				1			
GAS WELL			Length of Test				Bbls, Condensate/MMCF				Gravity of	Gravity of Condensate		
TANDER LIGHT 108					Dois, Concentration									
Testing Method (Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)				Choke Size	Choke Size				
<u></u>			<u> </u>				∤							
VI. OPERA						CE		Oll	CON	JSFR\	/ATION	DIVISION	NC	
l hereby certification by the least term of the	fy that the r	ules and regul	ations of the	e Oil Conse	rvation ven above				. 00.		, ,	8 & t	994 - P	
is true and co	mplete to th	e best of my	knowledge	and belief.			· Da	to Ar	prove	ed.	* 213	~		
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Quanita (4000lett) LG								By ORIGINAL SHINED BY JERRY SEXTON						
Signature Juanit	a Good	lett -	Produc	ction S	Supvr.		"			DISTRICT	T SUPERVIS	CK	· · · · · · · · · · · · · · · · · · ·	
Printed Name					Title		Tit	le						
	4-90		(!	505) 74			'"							
Date				Tel	ephone N	0.								

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.
- 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.