Submit 5 Copies
Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico L...rgy, Minerals and Natural Resources Department

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

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

OIL CONSERVATION DIVISION P.O. Box 2088

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

Santa Fe, New Mexico 87504-2088 REQUEST FOR ALLOWARI F AND ALITHORIZATION

I.	TOTE	RANSPORT	OIL AND NATURAL GAS	TION
Operator		# # 101 O111 O	UL VIAD IAVI OUVE CAS	Well API No.
Headington Oil C	Company			30-025-21868 V
7557 Rambler Rd. Reason(s) for Filing (Check proper box	, Ste 1150,	Dallas,		
New Well		in Transporter of:	Other (Please explain)	1
Recompletion		Dry Gas	Effort:	- 6 1 00
Change in Operator	Casinghead Gas		Effectiv	e 6-1-93
If change of operator give name and address of previous operator	Cumpical Cas	_ Condensate		
II. DESCRIPTION OF WEL	L AND LEASE			
Lease Name	Well No	. Pool Name, Inclu	ding Formation	Kind of Lease No.
T.P. "A" State	1		Permo Penn, Nort	
Unit Letter <u>J</u>	: 1980	_ Feet From The _	South Line and 1980	Feet From The <u>East</u> Line
	ship 11S	Range 33E	, NMPM, Lea	County
III. DESIGNATION OF TRA	ANSPORTER OF C	IL AND NATU	JRAL GAS	
Navajo Refining Co. X or Condensate			Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Casinghead Gas X or Dry Gas Warren Petroleum			PO Box 159, Artesia, NM 88211-0159 Address (Give address to which approved copy of this form is to be sent)	
If well produces oil or liquids, give location of tanks.	oduces oil or liquids, Unit Sec. Twp. Rg.		PO Box 1589, Tulsa, OK 74102 Is gas actually connected? When?	
If this production is commingled with the IV. COMPLETION DATA	, - + -	pool, give comming	Yes	2-2-67
Designate Type of Completion	n - (X)	Gas Well	New Well Workover D	eepen Plug Back Same Res'v Diff Res'v
Date Spudded	Date Compl. Ready to	Prod.	Total Depth	P.B.T.D.
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Fo	ormation	Top Oil/Gas Pay	
erforations			Tubing Depth	
				Depth Casing Shoe
HOLE SIZE	TUBING,	CASING AND	CEMENTING RECORD	
	CASING & TUBING SIZE		DEPTH SET	SACKS CEMENT
V. TEST DATA AND REQUE OIL WELL (Test must be often	ST FOR ALLOWA	BLE		
Date First New Oil Run To Tank	Date of Test	of load oil and must	be equal to or exceed top allowable Producing Method (Flow, pump, go	for this depth or be for full 24 hours.)
Length of Test	Tubing Pressure			
Actual Prod. During Test			Casing Pressure	Choke Size
Actual Frod. During Test	Oil - Bbls.		Water - Bbls.	Gas- MCF
GAS WELL				
Actual Prod. Test - MCF/D	Length of Test		Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)		Casing Pressure (Shut-in)	Choke Size
VI ODEDATOR CERTIFICA				
VI. OPERATOR CERTIFIC I hereby certify that the rules and regul Division have been complied with and	lations of the Oil Conserva	ation		RVATION DIVISION
is true and complete to the best of my knowledge and belief.			Date Approved	
Signature Melaner			ORIGINAL SIGNED BY JERRY SEXTON	
J. M. Warren, Regulatory Supervisor			Ву	DISTRICT I SUPERVISOR
Title 6-4-93 (214) 696-0606 Date Telephone No.			Title	

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.