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

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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator Tahoe Energy, Inc.										API No. 0 - 025-11	.378			
Address					700									
3909 W. Industrial, Reason(s) for Filing (Check proper box)	<u>Midlan</u>	d, Texa	ıs	79	703	Ou	et (Please ex	plain)						
New Well		Change is	n Trau	senor	ter of:									
	Oil	CHARGE	٦.	Gas			Effecti	ve No	ovem	ber 1, 1	.991			
Recompletion		- T	•											
Change in Operator	Laungh	ead Gas X	Car	dens	316									
If change of operator give name and address of previous operator							 							
II. DESCRIPTION OF WELL	AND LE					····						<u></u>		
Lease Name	Well No. Pool Name, Include				•				Kind of Lease State, Redemikor:Free		B-1732			
Ramsey State	State 5 Langlie				grie	Mattix 7-R, QN-GB				, , , , , , , , , , , , , , , , , , ,				
Location														
Unit Letter N	: 19	80	_ Fee	From	n The _	West Lie	e and	660	F	eet From The	South	Line		
0.4	0				075			•						
Section 36 Townshi	<u>р 2</u>	4S	Ran	<u>βc</u>	37E	, N	мрм,	Lea	1			County		
THE DESCRIPTION OF MENTALS	iorio nem	an an a		. TO	. N. I. A. CHETTE	W . I . C . C								
III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil		or Conde		IND	NATU		a address to	حم طمنطيب		d copy of this)	form is to be			
•						í						3676)		
Phillips Petroleum -										a, TX 7				
Name of Authorized Transporter of Casing	-			ry G	91 []	i .			-	d copy of this)				
<u> Sid Richardson Carbo</u>		,								Worth,	TX /6	102		
if well produces oil or liquids,	Unit	Sec.	Tw	۱.	Rgc.	is gas actuali	y connected?	- 1	When	a ?				
give location of tunks.	1	<u> </u>	<u> </u>			Ye Ye	S	1		4-	-1-55			
If this production is commingled with that	from any ot	her issue or	pool,	give	comming	ling order num	ber:							
IV. COMPLETION DATA						<u> </u>				·. 				
Dusianus Time of Completion	(V)	Ou Well	1	Ga	s Well	New Well	Workover	Do	epen	Plug Back	Same Res	v Diff Res'v		
Designate Type of Completion		1	1			T	L			<u> </u>	<u> </u>			
Date Spudded	Date Com	pl. Ready to) Proc	L		Total Depth				P.B.T.D.				
							Top Oil/Gas Pay							
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation					Top Olivoas	ray			Tubing Dep	th			
K 7										Depth Casing Shoe				
Perforations										Depth Casin	ig Shoe			
					2	COTTA (PTA) (PTA)	V.G. DEGO.							
						CEMENTI				η				
HOLE SIZE	CASING & TUBING SIZE					DEPTH SET				SACKS CEMENT				
	 													
	!									 				
	 					ļ				 				
L mmore parties and proceedings	9 00 1			_		<u> </u>				<u> </u>				
V. TEST DATA AND REQUES														
OIL WELL (Test must be after re	,		of too	d ou	and must	,	`				for full 24 h	ours.)		
Date First New Oil Run To Tank	Dite of Te	:st				Producing Me	ethod (Flow, p	оштр, да	s iyi, i	eic.)				
······································						Company					Topoka Siza			
Length of Test	Tubing Pressure					Casing Pressure				Choke Size				
						Water - Bbis.				0 1/05				
ctual Prod. During Test O:1 - Bbis.					Gas- MCF									
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~						l				<u> </u>				
GAS WELL														
Actual Prod. Test - MCF/D	Length of	Tou				Bbls. Conden	MMCF			Gravity of C	Condensate			
	-													
esting Method (pitos, back pr.)	Tubing Pressure (Shut-in)					Casing Pressure (Shut-in)				Choke Size	Choke Size			
L OPERATOR CERTIFICA	A TTE OF	COM	TTA	NIC	'C					1				
					.1.	II C	DIL CON	NSE	RV	ATION I	DIVISI	ON		
I hereby certify that the rules and regula Division have, been complied with and t										Mill W				
is true and complete to the best of my k												j		
	,					Date	Approve	ea			····	~ 		
		-				[]								
Signature						By	OR:	Ma 193	2 t . 12 t		11 70h	<u></u>		
K. A. Freeman			Pre	sic	dent			, 1875 q	•					
Printed Name			Title			Titlo								
10/29/91		915/	697	-79	338	''					<u> </u>			
Date		Teler	phone	No.										

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.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.

RECEIVED

OCT 3 1 1991

CAC Medala Cafee