

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
Format 06-01-83
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REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator DCR PETROLEUM CORPORATION		
Address 4606 FM 1960 West, Suite 220, Houston, TX 77069		
Reason(s) for filing (Check proper box)		Other (Please explain)
☐ New Well	Change in Transporter of:	
☐ Recompletion	☒ Oil	☐ Dry Gas
☒ Change in Ownership	☐ Casinghead Gas	☐ Condensate

If change of ownership give name and address of previous owner **Rio Petro, Ltd., 4385 LBJ Frwy., Ste. 635, Dallas, TX 75234**

II. DESCRIPTION OF WELL AND LEASE

Lease Name T-4 Enhanced Recovery Unit	Well No. 4	Pool Name, including Formation Wildcat, Chinle	Kind of Lease State, Federal or Fee Fee	Lease No. N/A
Location				
Unit Letter C	800	Feet From The N	Line and 2145	Feet From The W
Line of Section 17	Township 11N	Range 26E	NMPM, Guadalupe County	

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐	Address (Give address to which approved copy of this form is to be sent)
The Permian Corporation	P.O. Box 1183, Houston, TX 77251-1183
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐	Address (Give address to which approved copy of this form is to be sent)
N/A	N/A
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. is gas actually connected? When
	C 17 11N 26E N/A

If this production is commingled with that from any other lease or pool, give commingling order number: _____

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given is true and complete to the best of my knowledge and belief.

Mark A. Sherer
(Signature)
Operations Analyst
(Title)
2/28/86
(Date)

OIL CONSERVATION DIVISION

APPROVED *3-20*, 19 *86*
BY *[Signature]*
TITLE *DISTRICT SUPERVISOR*

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells.

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res.
		Injection							
Date Spudded	Date Compl. Ready to Prod.	Total Depth				P.B.T.D.			
10/21/81	12/17/81	834'							
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay				Tubing Depth			
4759.0' GR	Santa Rosa	713'				741'			
Perforations						Depth Casing Shoe			
715'-748': 755'-771'						829'			
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 $\frac{1}{4}$ "		10-3/4"		30'		8			
8-5/8"		5 $\frac{1}{2}$ "		829'		252			

V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top of allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
		Steam Injection Well	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. 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 (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size