Submit 5 Copies Appropriate District Office DISTRICT 1	State of New Mexico Energy, Minerals and Natural Resources Department									Form C-104 Revised 1-1-89 See Instructions		
P.O. Box 1980, Hobbe, NM 88240 DISTRICT II P.O. Drawar DD, Antonia, NM 88210	OIL CONSERVATION DIVISION P.O. Box 2088 Santa Fe, New Mexico 87504-2088								at Bettom	of Page		
ISTRICT III 200 Rio Brazos Rd., Arzec, NM 87410 REQUEST FOR ALLOWABLE AND AUTHORIZATION												
I. Operator	TO TRANSPORT OIL AND NATURAL GAS								Well API No.			
Southeastern Petr	roleum INC. V					30-005-0				0353		
Address 1601 E. 2nd, Rosw	ell.∤	NM 8	8201									
Reason(s) for Filing (Check proper box)	· · · · · ·			· · · · · · · · · · · · · · · · · · ·	Othe	t (Please expl	ain)					
New Well	Change in Transporter of: Oil Dry Gas						5	I				
	Caninghead Gas Condensate											
If change of operator give name and address of previous operator												
II. DESCRIPTION OF WELL	AND LE	NM 8	8240	)								
Lones Name	Well No. Pool Name, Includin				ng Formation	<u></u>		f Louis Reduction Res	Les	ne No.		
State 27		<u> </u>	New	M111	South/	Strawn	3000,	Federal or Fee	<u> </u>	5029		
Unit LetterM	: 660	נ	Reat P	mm The S	outh Line	<b>and</b> 661	0' <b>Fe</b>	et From The	west	Line		
		<b>.</b>					I V	a nou 106				
Section 27 Townshi	<b>4</b> S	· · · · · · · · · · · · ·	Range	27E	, NA	APM,	Chave	S		County		
III. DESIGNATION OF TRAN	SPORTE	R OF O	IL AN	D NATU	RAL GAS							
Name of Authorized Transporter of Oil		or Conden			Address (Give		••	copy of this for				
Name of Authorized Transporter of Casing	head Gas		or Dry	Ges [	Address (Give address to which approved copy of t							
		· · · · · · · · · · · · · · · · · · ·	u 2.y		is gas actually connected?			When ? 10/18/75				
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.								
If this production is commingied with that i	M I	2 7 er læse or	4 S		Yes		I	10/18	0//5	J		
IV. COMPLETION DATA							·····					
Designate Type of Completion	- 00	Oil Well		Ges Well	New Well	Workover	Deepen	Plug Back  S	ame Ros'v	Diff Res'v		
Date Spudded	Due Comp	il. Rendy to	Prod.		Total Depth	<u> </u>		P.B.T.D.				
					Top Oil/Gas Pay							
Elevations (DF, RKB, RT, GR, stc.) Name of Producing Permution					Top Ourous ray			Tubing Depth				
Performices						Dopth Can				g Shoe		
	TUBING, CASING AND											
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET			Part ID-3				
· · · · · · · · · · · · · · · · · · ·								2-19-93				
	,							cha Op				
V. TEST DATA AND REQUES	T FOR A	LLOW	ABLE					l {	2 /	]		
OIL WELL (Test must be after n									full 24 hours	)		
Date First New Oil Ran To Task	Date of Ter	t			Producing Me	thod (Flow, p	ump, gas lift, a	kc.)				
Length of Test	Tubing Pressure				Casing Press	R		Choits Size	<u>.</u>			
				Water - Bble			Gas- MCF					
Actual Prod. During Test	Oil - Bbls.				W 267 - 1908.			de mer				
GAS WELL	l				L		<u></u>	<b>L</b>				
Actual Prod. Test - MCP/D	Leagth of Test				Bbls. Condense/MMCF			Gravity of Condensate				
	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)			Choke Size					
Testing Method (pilot, back pr.)	LOOING LAG					10 (JUM-14)						
VI. OPERATOR CERTIFICATE OF COMPLIANCE												
I hereby certify that the rules and regulations of the Oil Conservation										N		
Division have been complied with and that the information gives above is true and complete to the best of my knowledge and belief.					Date ApprovedFEB 1 5				1993			
al martin												
Signature MM	~~~~				By ORIGINAL SIGNED BY							
Sonny Long	President Title				SUPERVISOR DISTRIC				T 19			
2/5/93	(505) 625-0204				Title			a composition of the state of the				
Date		Tele	phone ?	No.				<u></u>				
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INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

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1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation lesis taken in a with Rule 111.
All sections of this form must be filled out for allowable on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
Separate Form C-104 must be filled for each pool in multiply completed wells.