Submit 5 Copies
Appropriate District Office
DISTRICT 1
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
RECEIVED

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

DISTRICT III 1000 Rio Brizos Rd., Aziec, NM 87410

OIL CONSERVATION DIVISION P.O. Box 2088

Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION

NOV 27 '89

I.	7	O TRANS	SPORT OIL	AND NA	TURAL GA	S				
Operator		/	J. O O				Pl No.		C. D.	
ENERGY DEVELOPMENT CO	RPORATIO	ON V				30-	005-605	ARTE	MA, OFFICE	
Address			<u>-</u>							
1000 Louisiana, Suite	2900, I	Houston,	Texas 7	7002						
Reason(s) for Filing (Check proper box)					her (Please expla	in)				
New Well		Change in Tra	. —	Section	on III not	t applie	cable -	Waterf1	ood	
Recompletion \square	Oil	_	y Gas 📙		tion well	• •		-	1	
Change in Operator	Casinghead	Ges Co	ndensste							
If change of operator give name and address of previous operator	ro oil c	COMPANY,	500 Dall	as, Sui	te 1800, 1	Houston	Texas	77002		
II. DESCRIPTION OF WELL	ANDIFA	CF								
Lease Name Well No. Pool Name, Including					ng Formation Kind o			L	ese No.	
TLSAU	· · · · · · · · · · · · · · · · · · ·			s - San Andres Assoc			Fee			
Location	<u></u>									
Unit Latter K	. 16	50 🛌	e Error The So	uth	1650	. Ea	at From The _	West	Line	
	_ • 		a 110m 110			·				
Section 30 Townshi	p 8S	Ra	29 E	, N	MPM, Cha	ves			County	
III. DESIGNATION OF TRAN	SPORTE					:-b	c el io di			
	Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be sent)									
N/A	about Con		Des Con C	N/A						
Name of Authorized Transporter of Casinghead Gas or Dry Gas N/A					Address (Give address to which approved copy of this form is to be sent) N/A					
If well produces oil or liquids,	Unit	nit Sec. Twp. Rec.			Is gas actually connected? When			7		
give location of tanks.	N/A		/A N/A	N/A	-, ··	i	N/A_			
If this production is commingled with that	from any other	er lease or poo	i, give commingi	ing order sun	nber:					
IV. COMPLETION DATA									•	
Designate There of Commission	6 0	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion		<u> </u>	<u></u>		<u></u>					
Date Spudded	Date Comp	i. Ready to Pa	od.	Total Depth			P.B.T.D.			
There's APE DED DE CO	Name of D	adveisa Eas		Top Oil/Gas Pay						
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation				1.4020213			Tubing Depth			
Perforations							Depth Casing Shoe			
							'		ļ	
TUBING, CASING AND					ING RECORI	<u> </u>	·			
HOLE SIZE		ING & TUBI		DEPTH SET			SACKS CEMENT			
	1						Post ID-3			
							12-8-89			
							sha up			
				<u> </u>			<u></u>			
V. TEST DATA AND REQUE					4. **			- 6794	1	
OIL WELL (Test must be after			oad oil and must					or juli 24 nou	73.)	
Date First New Oil Rua To Tank Date of Test					Producing Method (Flow, pump, gas lift, etc.)					
Length of Test	Tubing Pres	HELITE:		Casing Pres	ene.		Choke Size			
	, and any	Inomy Pressure								
Actual Prod. During Test	Oil - Bhis.			Water - Bbls.			Gas- MCF			
•				ļ						
GAS WELL										
Actual Prod. Test - MCF/D	Length of 1	est		Bbls. Conde	nate/MMCF		Gravity of C	ondensate		
*										
Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size	Choke Size		
	1									
VI. OPERATOR CERTIFIC	ATE OF	COMPLI	ANCE		OII 001	055			NA I	
I hereby certify that the rules and regulations of the Oil Conservation					OIL CONSERVATION DIVISION					
Division have been complied with and that the information given above				Data Approved DEC - 8 1989						
is true and complete to the best of my	Enowledge an	a belief.		Dat	e Approved	<u>ט</u> נ	<u> </u>	1202		
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suchael M. Faller				By_			GNED BY	·		
Signature Michael M. Bauer		Age	nt	-, -		E WILLIA		\~ I *		
Printed Name			tie	Title	SUF	'EKVISOF	R, DISTRIC	J1 15		
11-06-89	(713) 370		11 1116		pante e peratura	James Article Constitution	ijo to espera		
Date		Telepho	one 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.