## State of New Mexico Energy, Minerals and Natural Resources Department

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Form C-104	
Set Instructions	
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DISTRICT II P.O. Drawe DD, Associe, NM \$8210

## **OIL CONSERVATION DIVISION** P.O. Box 2088 ata Fe. New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Asine, NSM 87410	REQUEST	FOR A	LLOWAE	LE AND	AUTHORIZ	ATION		N	OV 27 '89
<b>I.</b>	TOT	RANSP	ORT OIL	AND NA	TURAL GA	S			y
Operator						Well A			
ENERGY DEVELOPMEN	T CORPORATI	ON				30-0	<b>005-</b> 60814	X	TESIA, OFFICE
Addres 1000 Louisiana, S	uite 2900	Housto	n Tere	s 7700	7				
Resco(s) for Filing (Check proper box)	uite 2500,	nouse	/II, IEAG		er (Pieces expla	رعز			
New Well		p is Tracq	enter of:				•		
Recognistics	CE	Dry G						•	I
Change in Operator 🗵	Casingheed Ges							•	I
If change of operator give matte	<del>`</del>				. 1000	77		77000	
and address of previous operator PEI	TO OIL COM	PANY.	500 Dall	las. Sui	te 1800.	Houston	. Texas	77002	<del></del>
IL DESCRIPTION OF WELL		No. (Book )	Neme, Includi	na Enematica		Kind o	<b>(1,000</b>	1 1=	se No.
TLSAU	33			•	ndres Ass	استناف سننفذ أ	Fee		
Location	33	17 11 11	i Dakes	Juli 11	110100 1100			<u> </u>	
. п	2310		No The No	rth	990			East	
Unk Lotter	_ :	Feet 1	The		• •••	}**	t Prom The		
Section 31 Townshi	<b>8</b> S	Rese	29E	•	MPM.		Cha	ves	County
Second 31 IOWER	0.0						<del></del>		
III. DESIGNATION OF TRAN	SPORTER OF	OIL AT	ND NATU	RAL GAS	•		•		
Name of Authorized Transporter of Oil		odenate			n editess to wh	ich approved	copy of this form	is to be sen	0
ENRON OIL TRADING & T		ON		P.O. B	x 10607.	Midlan	1. Texas	79702	ļ
Name of Authorized Transporter of Casin			y Cleas 🗀		n address to wh				0)
ENERGY DEVELOPMENT CO					ouisiana,				
If well produces oil or liquids,	Unit Sec.	Top	Rap.		y connected?	Wise	?		
rive location of make.	N 31	88	29E	•	es	<u>i</u>	02-8	8	
If this production is commingled with that	from any other less		ive comming	ing order man	ber:				
IV. COMPLETION DATA	·								•
		Well	Cas Well	New Well	Workover	Deepell	Plug Back Se	me Ras'v	Diff Res'v
Designate Type of Completion	-(X)	İ		İ	1		İ		
Date Spudded	Date Compl. Rea	dy to Prod.		Total Depth			P.B.T.D.		
	1			1					
Elevations (DF, RKB, RT, GR, etc.)	Name of Product	g Formatic		Top Oil/Cas	Pay		Tubing Depth		
	İ								
Perforations							Depth Casing S	ibos	
		1							
	TUBI	NG, CAS	ING AND	CEMENT	NG RECOR	<u> </u>		<del></del>	
HOLE SIZE	CASING	& TUBING	SIZE		DEPTH SET			CKS CEME	NT
						·	Post 1	_	
			· 				13-8	- 87	
							shy sa		PER
	1			<u> </u>			1 ~ /	67	: 000
V. TEST DATA AND REQUE									
OIL WELL (Test must be after	recovery of lotal vol	ume of local	i oil and must					full 24 hours	<u>1)                                    </u>
Date First New Oil Run To Tank	Date of Test			Producing N	lethod (Flow, pu	mp, ges lijt, e	le.)		1
	<u> </u>						Choke Size		
Leigh of Test	Tubing Pressure			Cosing Pres			CROES SEES		į
•	1						Ges- MCF		
Actual Prod. During Test	Oil - Bbis.			Water - Bhi	<b>L</b>		GE-MCF		
	1			<u> </u>	···		<u> </u>		لـــــــــــــــــــــــــــــــــــــ
GAS WELL	•							•	
Actual Frod. Test - MCF/D	Leagh of Test			Bbls. Conde	sate/MMCF		<b>Gravity of Con</b>	deserve	
							1		
Testing Method (pilot, back pr.)	Tubing Pressure	(Shut-in)		Casing Pres	PINE (Spie-48)		Choke Size		·
	1			•					
VL OPERATOR CERTIFIC	ATE OF CO	ATDI TA	NCE						
I hereby cartify that the rules and regu				11 ,	OIL CON	ISERV	ATION D	IVISIO	N
Division have been complied with and	that the information	n siven abo	**	ll	-	,	n=0 0	4000	
is true and complete to the best of my			-	n-4	a Anne	a ·	DEC - 8	1202	
1/1/1/1/-	<i>V</i> .			ll Date	a Approve	<b>-</b>			
Michael M 7	auer/			_					
Signature				∥ By₋	· // // // // // // // // // // // // //	tioficial o	GNED BY		
Michael M. Bauer		Agen				a santa di S Tambéh An	ranco <b>o</b> rii Yali		
Printed Name 11-30-89	(713)	370-7	392	Title	)	erin de el La companya de la companya de la companya de la companya de la companya de la companya de la companya de la comp	-, <u> </u>		
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- 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.

Telephone No.

- 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.