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 Appropriate District Office  
 DISTRICT I  
 P.O. Box 1980, Hobbs, NM 88240  
 DISTRICT II  
 P.O. Drawer DD, Artesia, NM 88210  
 DISTRICT III  
 1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico  
 Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION  
 P.O. Box 2088  
 Santa Fe, New Mexico 87504-2088

RECEIVED  
 111 8 8 1993

Form C-104  
 Revised 1-1-89  
 See Instructions  
 at Bottom of Page

*clerk  
 11/11/93  
 OP*

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
 TO TRANSPORT OIL AND NATURAL GAS

I.

Operator Achen Oil and Gas, Inc.	Well API No. 300056131900
Address Box 385, Artesia, New Mexico 88211-0385	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Operator <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Effective July 1, 1993	
If change of operator give name and address of previous operator Achen Oil and Gas	

II. DESCRIPTION OF WELL AND LEASE

Lease Name Worley-Federal	Well No. 2	Pool Name, including Formation Leslie Springs SA	Kind of Lease Fed State, Federal or Fee	Lease No. NM 4371
Location Unit Letter <u>L</u> : <u>330</u> Feet From The <u>West</u> Line and <u>1650</u> Feet From The <u>South</u> Line Section <u>25</u> Township <u>7S</u> Range <u>26E</u> , NMPM, <u>Eddy</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>Navajo Refining Company</u>	<u>Box 159, Artesia, New Mexico 88211-0159</u>
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
If well produces oil or liquids, give location of tanks. Unit Sec. Twp. Rge. Is gas actually connected? When?	

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
Perforations						Depth Casing Shoe		
<b>TUBING, CASING AND CEMENTING RECORD</b>								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT		
						<u>Post I O-3</u>		
						<u>8-20-93</u>		
						<u>ch of name</u>		

V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.)

Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
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 (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. OPERATOR 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 above is true and complete to the best of my knowledge and belief.

*Nancy King*  
 Signature \_\_\_\_\_  
 Nancy King Agent  
 Printed Name \_\_\_\_\_ Title \_\_\_\_\_  
 Date 7-27-93 Telephone No. 505-746-4309

OIL CONSERVATION DIVISION

Date Approved AUG 11 1993  
 By \_\_\_\_\_  
 ORIGINAL SIGNED BY  
 MIKE WILLIAMS  
 Title SUPV. ASST., DISTRICT II

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) Only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Form C-104 must be filed for each pool in multiply completed wells.