## Submit 5 Copies Appropriate District Office DISTRICT I P.O. Box 1980, Hob Samue State of New Mexico Energy, Minerals and Natural Resources Department

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

हिन <b>ाम F8</b> 8240 File	W	OIL CONSERVATION DIVISION
July 100 100 100 100 100 100 100 100 100 10	Oil V	P.O. Box 2088
Operator		Santa Fe, New Mexico 87504-2088

DISTRICT II P.O. Drawer DD, Archia Para 168210 DISTRICT III	P.(	D. Box 2088 w Mexico 87504-2088	MAY 23 89			
1000 Rio Brazos Rd., Aztec, NM 87410  I.	REQUEST FOR ALLOY	WABLE AND AUTHOR OIL AND NATURAL G		O. C.		
Operator	70 110 (101 011)	^		PI No.	**	
Pacific Enterpr	ises Oil Company (US	A) 🗸				
Address 10 Doct 2 Dr. C	nito EOO Mark Min					
Reason(s) for Filing (Check proper box)	uite 500 West, Midlan	d, Texas 79705  X Other (Please exp	lain)		<del></del>	
New Well	Change in Transporter of			• · · · ·		
Recompletion	Oil Dry Gas	Change of Terra Reso	operator	r name rr Tno	om	
Change in Operator  If change of operator give name	Casinghead Gas Condensate	Effective	Date: Ap	ril 24.	1989	
and address of previous operator	N/A					
II. DESCRIPTION OF WELL	AND LEASE					
Lease Name	Well No.   Pool Name, In	cluding Formation	Kind o	of Lease No.		
South Dallas	1 Pecos S1	ope Abo, South	State, F	e, Federal or Fee LG5230		
Location	4000		-			
Unit Letter F	_ : 1980 Feet From The	North Line and 19	80 F <del>cc</del>	t From The _W	lest	Line
Section 2 Townshi	p 10S Range 26F	, NMPM,	Chav	705		County
III DESIGNATION OF TO AN	MAD OF CALL AND ALL			V-C-3		County
III. DESIGNATION OF TRAN  Name of Authorized Transporter of Oil	<b>A</b> .	TURAL GAS	Maria de la companya		<del> </del>	
Koch Services, Inc.	or Condensate X	Address (Give address to wi				•
Name of Authorized Transporter of Casing	ghead Gas or Dry Gas	P.O. Box 1558  X Address (Give address to wi	Breckenr	ridge, TX	7602	24
Transwestern Pipeline		P.O. Box 1188.	Houston	יייט (ביייי עיקט. מיד איד	51	enu)
If well produces oil or liquids, give location of tanks.		Rge. Is gas actually connected?	When ?		<u> </u>	<del></del>
<u> </u>	F 2 10S 26	E Yes		9-4-87		
If this production is commingled with that it.  IV. COMPLETION DATA	from any other lease or pool, give comm	ningling order number:		<del> </del>		
	Oil Well Gas Wel	l New Well Workover	Deepen	Plug Back   San	ma Daala	him n
Designate Type of Completion	· (X)	i i i i i i i i i i i i i i i i i i i	Dupu	Ling Dack   241	me Kes v	Diff Res'v
Date Spudded	Date Compl. Ready to Prod.	Total Depth	<u> </u>	P.B.T.D.		
Elevations /DE BER BT CR and	No.	Top Oil/Gas Pay				
Elevations (DP, RAB, RI, GR, Etc.)	ations (DF, RKB, RT, GR, etc.)  Name of Producing Formation			Tubing Depth		
Perforations	<u> </u>			Depth Casing Shoe		
			ĺ	ocput casting Si	100	
	TUBING, CASING AN	ID CEMENTING RECOR	)		***	<del></del>
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		SACKS CEMENT		
					<del></del>	
						······································
. TEST DATA AND REQUES			<del></del>			
	covery of total volume of load oil and m				ill 24 hour.	s.)
Date First New Oil Run 10 1ank	Date of Test	Producing Method (Flow, pur	np, gas lift, etc.,	) Loc	(T T )	1 2
ength of Test	Tubing Pressure	Casing Pressure	C	Choke Size 6-4-89		
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.		ias- MCF	J. 14	) ·
The same same	Oп - 1018.			IAO- IVICE	y y	
GAS WELL			<u></u>		<del></del>	
	Length of Test	Bbls. Condensate/MMCF	TG	ravity of Conde	neste	

## 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

Testing Method (pitot, back pr.)

is true and complete to the best of my knowledge and belief. Signature Robert Williams Accountant Printed Name Title

## OIL CONSERVATION DIVISION

Choke Size

JUN 6 1989 Date Approved

ORIGINAL SIGNED BY MIKE WILLIAMS

SUPERVISOR, DISTRICT IT Title

## 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.

Casing Pressure (Shut-in)

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.
- ") Separate Form C-104 must be filed for each pool in multiply completed wells.

Tubing Pressure (Shut-in)

RECEIVED

MAY 22 1989

OCD HOBBS OFFICE