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1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico
Energy, Minerals and Natural Resources Department

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

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

FEB 12 1992

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator TOPAT OIL CORPORATION	Well API No.
Address 505 N. Big Springs - Ste. 204 - Midland, TX 79701	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input checked="" type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
If change of operator give name and address of previous operator	

II. DESCRIPTION OF WELL AND LEASE

Lease Name Jackie Federal	Well No. 1	Pool Name, Including Formation Coyote Queen	Kind of Lease State, Federal or Fee	Lease No. NM 54272
Location Unit Letter <u>J</u> : <u>1980</u> Feet From The <u>S</u> Line and <u>1980</u> Feet From The <u>E</u> Line Section <u>20</u> Township <u>11S</u> Range <u>27E</u> , <u>NMPM</u> , <u>Chaves</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"/> Pride Pipeline Company	Address (Give address to which approved copy of this form is to be sent) P.O. Box 2436 - Abilene, TX 79604	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> None	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 <u>J</u>	Sec. <u>20</u>
	Twp. <u>11S</u>	Rge. <u>27E</u>
Is gas actually connected?		When ?

If this production is commingled with that from any other lease or pool, give commingling order number: No

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well	Workover <input checked="" type="checkbox"/>	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded <u>1-17-92</u>	Date Compl. Ready to Prod. <u>2-5-92</u>		Total Depth <u>1166'</u>		P.B.T.D. <u>1188'</u>			
Elevations (DF, RKB, RT, GR, etc.) GR 3702.2' RKB 3712.7'	Name of Producing Formation Queen Sand		Top Oil/Gas Pay <u>781'</u>		Tubing Depth <u>886'</u>			
Perforations <u>1 SPF</u> <u>16 holes @ 781, 91, 95, 97, 99, 812, 14, 16, 20, 22, 24, 39, 41, 47, 55, and 57</u>					Depth Casing Shoe <u>N/A</u>			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
<u>17-1/2</u>	<u>13-3/8</u>		<u>401</u>		<u>500 sx "C" w/2% CaCl</u>			
<u>12-1/4</u>	<u>9-5/8</u>		<u>1280</u>		<u>300 sx lite & 200 sx "C" w/2% CA</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 <u>2-05-92</u>	Date of Test <u>2-11-92</u>	Producing Method (Flow, pump, gas lift, etc.) <u>Pump</u>	
Length of Test <u>24 Hour</u>	Tubing Pressure <u>20 PSI</u>	Casing Pressure <u>200 PSI</u>	Choke Size <u>20/64</u>
Actual Prod. During Test <u>53</u>	Oil - Bbls. <u>50</u>	Water - Bbls. <u>3</u>	Gas- MCF <u>---</u>

GAS WELL

Actual Prod. Test - MCF/D <u>---</u>	Length of Test <u>---</u>	Bbls. Condensate/MMCF <u>---</u>	Gravity of Condensate <u>---</u>
Testing Method (pilot, back pr.) <u>---</u>	Tubing Pressure (Shut-in) <u>---</u>	Casing Pressure (Shut-in) <u>---</u>	Choke Size <u>---</u>

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.

Robert B. Heinen
Signature
Printed Name
Date 2-11-92
Agent
Title
Telephone No. (915) 682-6340

OIL CONSERVATION DIVISION

Date Approved FEB 17 1992

By ORIGINAL SIGNED BY
MIKE WILLIAMS
Title SUPERVISOR, 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) 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.