

Submit 5 Copies
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

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

JUN 1 1992

C. C. D.
SUPERVISOR

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator Southeastern Petroleum, Inc.		Well APN No. 30-005-62469
Address 1601 E. Second Roswell, NM 88201		
Reason(s) for Filing (Check proper box) ☐ New Well ☐ Change in Transporter of: ☐ Recompletion ☐ Oil ☐ Dry Gas ☐ Effective April 1, 1993 ☐ Change in Operator ☒ XXX ☐ Casinghead Gas ☐ Condensate ☐		
If change of operator give name and address of previous operator Penroc Oil Corporation P.O. Box 5970 Hobbs, NM 88241-5970		

II. DESCRIPTION OF WELL AND LEASE

Lease Name Queso State	Well No. 3	Pool Name, Including Formation West Pecos Slope ABO	Kind of Lease State, Federal or Fee	Lease No.
Location Unit Letter <u>J</u> : <u>1372</u> Feet From The <u>S</u> Line and <u>1980</u> Feet From The <u>E</u> Line Section <u>34</u> Township <u>5-S</u> Range <u>22-E</u> , <u>NMPM</u> , <u>Chaves</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☐ N/A	Address (Give address to which approved copy of this form is to be sent) N/A	
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐ NM Gas Marketing, Inc.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 2014 Roswell, NM 88202-2014	
If well produces oil or liquids, give location of tanks.	Unit	Sec.
	Twp.	Rgn.
	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			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
					Part ID-3			
					6-11-93			
					chy op			

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 Ran 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 (pilot, 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.

Sheryl Locke

Signature
Sheryl Locke

Printed Name
05/25/93

Date

ACCOUNTANT

Title
509-629-0304

Telephone No.

OIL CONSERVATION DIVISION

Date Approved JUN 7 1993

By ORIGINAL SIGNED BY

TITLE SUPERVISOR, DISTRICT II

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.
- 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.