

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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O. C. D.
LEGISLATIVE OFFICE

Form C-104
Revised 10-01-78
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OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.A.	
LAND OFFICE	
TRANSPORTER	<input type="checkbox"/> OIL <input type="checkbox"/> GAS
OPERATOR	
REGISTRATION OFFICE	

I. Operator Primero Operating, Inc.

Address PO Box 1433, Roswell, NM 88202-1433

Reason(s) for filing (Check proper box):
 New Well
 Recombination
 Change in Ownership
 Change in Transporter of:
 Oil
 Casinghead Gas
 Dry Gas
 Condensate
 Other (Please explain) Change of Operator

If change of ownership give name and address of previous owner Stevens Operating Corporation, PO Box 2408, Roswell, NM 88202-2408

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>George Fed Com.</u>	Well No. <u>1</u>	Pool Name, including Formation <u>Pecos Slope Abo</u>	Kind of Lease State, <u>Federal</u> or Fee	Lease No. <u>LC 068127</u>
Location Unit Letter <u>P</u> ; <u>660</u> Feet From The <u>South</u> Line and <u>660</u> Feet From The <u>East</u> Line of Section <u>32</u> Township <u>6S</u> Range <u>26E</u> , NMPM, <u>Chaves</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> <u>Navajo Crude Oil</u>	Address (Give address to which approved copy of this form is to be sent) <u>PO Drawer 159, Artesia, NM 88210</u>
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> <u>Comanche Gas Gathering Limited Partnership</u>	Address (Give address to which approved copy of this form is to be sent) <u>4131 N. Central Expway, Ste. 425, Dallas, TX</u>
If well produces oil or liquids, give location of tanks. Unit <u>P</u> Sec. <u>32</u> Twp. <u>6S</u> Rge. <u>26E</u>	Is gas actually connected? <u>YES</u> When <u>06/07/89</u> 75204

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

NOTE: Complete Parts IV and V on reverse side if necessary.

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

Ronda Joyce - Ronda Joyce
(Signature)
Office Manager
(Title)
05/03/92
(Date)

OIL CONSERVATION DIVISION
APPROVED JUN 25 1992, 19____
BY ORIGINAL SIGNED BY
MIKE WILLIAMS
TITLE SUPERVISOR, DISTRICT IV
This form is to be filed in compliance with RULE 1104.
If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviated tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for allowable on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of ownership, well name or number, or transporter or other such change of conditions.
Separate Forms C-104 must be filed for each pool in multi-pool completed wells.

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Dill. Res'v.
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.			
Elevation (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

V. TEST DATA AND REQUEST FOR ALLOWABLE (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)

OIL WELL			
Date First New Oil Run To Tanks	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/MCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size