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DISTRICT III  
100 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

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FEB 26 1992

O. C. D.  
ARTESIA OFFICE

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

Operator <u>FRED G. Jones, dba ZIA Enterprises</u>	Well API No. <u>NM-0493690</u>
Address <u>P.O. Box 1306, Artesia, NM 88210</u>	
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 checked="" type="checkbox"/>
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Change of operator give name and address of previous operator <u>Dalport Oil Corp, 1401 Elm St. Suite 3471, Dallas TX 75202</u>	

DESCRIPTION OF WELL AND LEASE

Lease Name <u>Amoco Fed</u>	Well No. <u>1</u>	Pool Name, including Formation <u>Double E Queen Association</u>	Kind of Lease State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> or Fee	Lease No. <u>NM-0493690</u>
Location Unit Letter <u>G</u> : <u>1980</u> Feet From The <u>N</u> Line and <u>1980</u> Feet From The <u>E</u> Line Section <u>23</u> Township <u>14-S</u> Range <u>29-E</u> , NMPM, <u>CHAVES</u> County				

I. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>Maple Gas Corp</u>	<u>2626 Cole Ave, Suite 300, Dallas TX 75204</u>
Well produces oil or liquids, <input checked="" type="checkbox"/> Unit <input type="checkbox"/> Sec. <input type="checkbox"/> Twp. <input type="checkbox"/> Rge. <input type="checkbox"/>	Is gas actually connected? <input type="checkbox"/> When? <input type="checkbox"/>
Location of tanks.	

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

II. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v <input type="checkbox"/>	Diff Res'v <input type="checkbox"/>
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Measurements (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
Measurements						Depth Casing Shoe		

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

III. 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 <u>ported 10-3</u> <u>2-28-92</u>
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF <u>Chg of</u>

IV. 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

I. 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.

Signature Fred G. Jones  
Printed Name FRED G. Jones dba ZIA Enterprises  
Title 505-746-6100  
Telephone No. 2/20/92

OIL CONSERVATION DIVISION

Date Approved FEB 27 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.