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Appropriate District Office  
DISTRICT I  
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico  
Energy, Minerals and Natural Resources Department  
RECEIVED

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

DISTRICT II  
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87410

## OIL CONSERVATION DIVISION

P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

AUG 07 '89

### REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator Foran Oil Co. /	Well API No.
Address 801 S. Fillmore, Suite 460, Amarillo, Texas 79101	
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 STATE "ET"	Well No. 1	Pool Name, Including Formation Diamond Mound Atoka/MOREAU	Kind of Lease State, Federal or Fee	Lease No. L-949
Location Unit Letter C : 990 Feet From The North Line and 1650 Feet From The West Line Section 36 Township 15S Range 27E, NMPM, Chaves 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"/>	Address (Give address to which approved copy of this form is to be sent)
Permian Association	1509 W. Wall, Midland, Texas 79701
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)
PHILLIPS 66 Nat. Gas Co.	P.O. Box 7500, Bartlesville, Okla. 74005
If well produces oil or liquids, give location of tanks.	Unit   Sec.   Twp.   Rge.   Is gas actually connected?   When?
	C   36   15S   27E   Yes   6-10-89

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
		X				XX		XX
Date Spudded 5-28-89	Date Compl. Ready to Prod. 6-10-89	Total Depth 9050'	P.B.T.D. 8815'					
Elevations (DF, RKB, RT, GR, etc.) 3591' GR	Name of Producing Formation Atoka	Top Oil/Gas Pay Atoka 8712-8718	Tubing Depth 8625'					
Perforations 8712'-8718'	Depth Casing Shoe 9050'							
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
17 1/2	13 3/8	344'	400 sx. circ.					
12 1/4	8 5/8	1796'	1600 sx. circ.					
7 7/8	5 1/2	9050'	300 sx.					
	2 3/8	8625'						

#### 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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
		Part ID-2	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size 8-25-89
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF re-comp. H2O

#### GAS WELL

Actual Prod. Test - MCF/D 206	Length of Test 24 hours	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.) Back pr.	Tubing Pressure (Shut-in) 290#	Casing Pressure (Shut-in) Pkr.	Choke Size 13/64

#### 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.

Signature  
GENE LEE  
Printed Name  
6-15-89  
Date  
Agent  
505-622-7355  
Telephone No.

#### OIL CONSERVATION DIVISION

Date Approved AUG 21 1989

By  
ORIGINAL SIGNED BY  
MIKE WILLIAMS  
SUPERVISOR, DISTRICT I  
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.