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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

OIL CONSERVATION DIVISION

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

MAY -1 '89

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

O. C. D.
ARTESIA, OFFICE

Operator GENERAL ATLANTIC RESOURCES, INC. ✓		Well API No.
Address 410-17th Street, Suite #1400, Denver, Colorado 80202 (303) 573-5100		
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 type="checkbox"/>	CHANGE IN OPERATOR
Change in Operator <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
If change of operator give name and address of previous operator Mesa Operating Limited Partnership, 1000 Vaughn Bldg., Midland, Texas 79701		

II. DESCRIPTION OF WELL AND LEASE

Lease Name WHITE STATE	Well No. #1	Pool Name, including Formation Diamond Mound-	Atoka/ Morrow	Kind of Lease <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal or Fee	Lease No. LG 5663
Location Unit Letter <u>O</u> : <u>660</u> Feet From The <u>South</u> Line and <u>1980</u> Feet From The <u>East</u> Line Section <u>35</u> Township <u>15 South</u> Range <u>27 East</u> , 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) P.O. Box 1183, Houston, TX 77001					
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) 2223 Dodge St., Omaha, NE 68102					
If well produces oil or liquids, give location of tanks.	Unit <u>O</u>	Sec. <u>35</u>	Twp. <u>15S</u>	Rge. <u>27E</u>	Is gas actually connected? Yes	When? 7/30/80

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well <input checked="" type="checkbox"/>	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

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.)	
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.

GENERAL ATLANTIC RESOURCES, INC.

Shelley L. Keene

Signature
Shelley L. Keene, Engineering Tech.

Printed Name
4/24/89 (303) 573-5100

Date
Telephone No.

OIL CONSERVATION DIVISION

Date Approved MAY 1 1989

By Original Signed by
Mike Williams

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.