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FORAN OIL COMPANY V			
Address			
801 S. FILLMORE SUI Reason(s) for filing (Check proper box)			
Reason(s) for filing (Check proper box)			
New Well			
Recompletion			
Change in Ownership			

e C (Signature)

(Title)

(Date)

AGENT

<u>3-9-89</u>

NEW MEXICO OIL CONSERVATION COMMISSION Form C-104 Seprender Old C-104 and C-11 REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS MAR 20'89 C. C. D. ARJESIA, OFFICE TE 460 AMARILLO, TEXAS 79101
| Other (Please explain) Change In Transporter of: Dry Gas Condensate Casinahead Gas If change of ownership give name and address of previous owner DESCRIPTION OF WELL AND LEASE
| Well No. | Fool Name, Including Formation Kind of Lease Lease No. ow State, Federal or Fee STATE L - 949DIAMOND-MOUND STATE ET Location Feet From The WEST Feet From The SOUTH Line and 660 1980 Unit Letter Township 15 SOUTH Range 27 EAST , NMPM, CHAVES County DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil _____ or Condensate ______ Address (Give address to which approved copy of this form is to be sent) P.O. BOX 159 ARTESIA, NEW MEXICO 88210.
Address (Give address to which approved copy of this form is to be sent) NAVAJO REFINING
Name of Authorized Transporter of Casinghead Gas or Dry Gas X AND KEELOR BARTLESVILLE, OK PHILLIPS 66 NATURAL GAS COMPANY FOURTH Unit Twp. If well produces oil or liquids, 3-8-89 :36 YES 155 127E Τ. If this production is commingled with that from any other lease or pool, give commingling order number: NO COMPLETION DATA Same Res'v. Diff. Res'v Deepen Plug Back New Well Workover Gas Well Oil Well Designate Type of Completion - (X) P.B.T.D. Total Depth Date Compl. Ready to Prod. 92201 9260' 2-3-89 1 - 5 - 89Tubing Depth Top Oil/Gas Pay Name of Producing Formation Elevations (DF, RKB, RT, GR, etc.) MORROW 890 8905 (PKR @ 8799¹) 3598' GR ATOKA-MORROW Depth Casing Sho Perforations 4JSPF 38 DTA.
TUBING, CASING, AND CEMENTING RECORD 9260! 8909-12, 8930-50. 8966-75 SACKS CEMENT DEPTH SET CASING & TUBING SIZE HOLE SIZE "C"+2% CACL2 350sx_ 13_3/8" 1/2" 350' 650sx Lite+300sx "C 1800' 1/4" 8 5/8" 12 890sx Class"H"+8%CF 4 1/2" 7/8" 9260' 3/8" 8905! (Test must be after recovery of total volume of load oil and must be equal to as exceed top allowable for this depth or be for full 24 hours) $\begin{array}{c}
\text{(Test must be after recovery of total volume of load oil and must be equal to as exceed top allowable for this depth or be for full 24 hours).}$ TEST DATA AND REQUEST FOR ALLOWABLE 4-14-89 Producing Method (Flow, pump, gas lift, etc.) Date First New Oil Run To Tanks Date of Test emp + BK Choke Size Cosing Pressure Tubing Pressure Length of Test Gas - MCF Water - Bbls. Oil-Bbls. Actual Prod. During Test **GAS WELL** Gravity of Condensate Bbls. Condensate/MMCF Length of Test Actual Prod. Test-MCF/D 1/44 HRS. Tubing Pressure (Shut-in) Casing Pressure (Shut-in) Choke Size Testing Method (pitot, back pr.) VARIOUS 1200" (PKR) BACK PR. OIL CONSERVATION COMMISSION I. CERTIFICATE OF COMPLIANCE 1 1989 APR 1 I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief. APPROVED. Original Signed B wire Willeras TITLE

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepen well, this form must be accompanied by a tabulation of the deviation 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 owne well name or number, or transporter, or other such change of condition ----- C 104 must be filed for each pool in multip