Submi: 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

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

DISTRICT II

OIL CONSERVATION DIVISION P.O. Box 2088

P.O. Drawer DD, Artena, NM 88210	Santa Fe, New Mexico 87504-2088								mp pen ma			
DISTRICT III 1000 Rio Brazos Rd., Azzec, NM 87410									RECEIVED			
I.	REC					BLE AND			JUL 1	0 1991		
Operator		TOTA	ANSI	OHI	OI	L AND NA	TURALG		API No. O.			
Vintage Drilling Co	•									OFFICE		
Address												
Reason(s) for Filing (Check proper box)	Hills,	NM 88	3255			X Ou	nes (Please exp	dair)	,			
New Well	Change in Transporter of: Owner changed from Armstrong Energy Corp									Corp.		
Recompletion	Oil Casingh	ead Gas	Dry (Cond	Gas ensate		7/1/	/91					
If change of operator give name and address of previous operator Arm	strong	Energy	Cor	porat	io	n, P.O. I	30x 1973	, Roswel	1, NM 88	201		
II. DESCRIPTION OF WELL			_									
High Lonesome Penrose	Well No. Pool Name, Include High Lones						ı		of Lease Lease No. Federal occities NMO5523			
Location						NY 1 3-	22	10	r-			
Unit LetterB	_ :99	0	_ Feat I	Tom Th	e	North Lin	e and23	F	est From The	st	Line	
Section 15 Townshi	ip 16S	·	Range		29E	, N	мрм,	Eddy			County	
III. DESIGNATION OF TRAN	ISPORTI	ER OF O	II. AN	JD NA	י ורור.	DAI CAS						
Name of Authorized Transporter of Oil or Condensate					Address (Give address to which			hich approved	d copy of this for	m is to be s	ent)	
Name of Authorized Transporter of Casin												
Thems of Audiolized Transporter of Cash	gnead Gas	لــا	or Dry	Gas [Address (Giv	e address to w	hich approved	copy of this for	m is to be s	ent)	
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	1	Rge.		• .	When	?			
If this production is commingled with that IV. COMPLETION DATA	from any of	her lease or	pool, gi	ve comm	ningl	ing order numb	er:					
		Oil Well		Gas We	11	New Well	Workover	<u> </u>	1 1-			
Designate Type of Completion		_i	i_	<u></u>	••	İ	Workover	Deepen	Piug Back S	ame 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 F	ay	***	Tubing Depth			
Perforations												
							• .	•	Depth Casing	shoe		
LOUE OUT					VD.	CEMENTIN	G RECOR	D				
HOLE SIZE	CASING & TUBING SIZE						DEPTH SET	·	SACKS CEMENT			
										<u> </u>		
		-									•	
V. TEST DATA AND REQUES	T FOR A	LLOWA	BLE				•		<u> </u>			
OIL WELL (Test must be after re				oil and n	nusi i	be equal to or e	exceed top allo	wable for this	depth or be for	full 24 hour	rs.)	
Date First New Oil Run To Tank	Date of Test					Producing Met	hod (Flow, pu	mp, gas lift, e	Ic.)	2. X.	/ +n. >	
Length of Test	Tubing Pressure					Casing Pressur	6		Choke Size	7-1:	2-91	
Actual Prod. During Test	Oil - Bbls.				Water - Bbia.	<u>-</u>		Gas-MCF Cold OP				
GAS WELL	,) 					-			<u></u>		-	
Actual Prod. Test - MCF/D	Length of	Test			- 1	Bbls. Condens	le/MMCF		Gravity of Cone	lonesta	· .	
									orania or concensus			
esting Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size				
I. OPERATOR CERTIFICA				CE				~			J	
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above						OIL CONSERVATION DIVISION						
is true and complete to the best of my knowledge and belief.						Date Approved						
n hi Ell	\ _	^				Date /	-pproved					
Signature Summary						By ORIGINAL SIGNED BY						
Marie E. Durham Agent Printed Name Title						SUPERVISOR, DISTRICT IT						
7/10/91		(505)	748-2			Title_	·			**************************************		
Date		Telep	hone No).]							

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, transcriver or other such changes

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