Submit 5 Copies
Appropriate District Office
DISTRICT I

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

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

State of New Mexico Energy, Minerals and Natural Resources \_\_\_partment

## OIL CONSERVATION DIVISION

P.O. Box 2088

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

Santa Fe, New Mexico 87504-2088 5 1994 DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410 REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS I. Well API No. Operator 30-015-03821 ROYAL OIL LTD. CO. Address 88240 BOX 1100, HOBBS, NEW MEXICO Other (Please explain) Reason(s) for Filing (Check proper box) New Well ange in Transporter of Dry Gas Recompletion Oil  $\square$ Change in Operator Condensate Casinghead Gas If change of operator give name and address of previous operator 88240 BOX 1100, HOBBS NEW MEXICO R. ERICKSEN. II. DESCRIPTION OF WELL AND LEASE Well No. Pool Name, Including Formation Kind of Lease TRACT Lease No. Lease Name 10 WEST HENSHAW GRAYBURG E-5131 EAST HENSHAW UNIT 4 Location \_\_ Feet From The N Line and 330 3654.5 \_\_ Feet From The \_\_ Um Letter EDDY 30E , NMPM, County 165 Township Range III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Address (Give address to which approved copy of this form is to be sent) or Condensate Name of Authorized Transporter of Oil NAVAJO REFINING CO. P.O. BOX 159, ARTESIA, N.M. 8821 Address (Give address to which approved copy of this form is to be sent) N.M. 88210 Name of Authorized Transporter of Casinghead Gas or Dry Gas When? Rge. Is gas actually connected? If well produces oil or liquids, Unit Sec. Twp. give location of tanks. T 2 | 16S| 30E 1 If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Deepen | Plug Back | Same Res'v Diff Res'v Oil Well Gas Well New Well Workover Designate Type of Completion - (X) P.B.T.D. Date Spudded Date Compl. Ready to Prod. Top Oil/Gas Pay Tubing Depth Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Depth Casing Shoe Perforations TUBING, CASING AND CEMENTING RECORD SACKS CEMENT HOLE SIZE CASING & TUBING SIZE **DEPTH SET** V. TEST DATA AND REQUEST FOR ALLOWABLE (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.) OIL WELL Producing Method (Flow, pump, gas lift, etc.) Date First New Oil Run To Tank Date of Test Choke Size Casing Pressure Tubing Pressure Length of Test Gas- MCF Water - Bbls. Oil - Bbls. Actual Prod. During Test **GAS WELL** Gravity of Condensate Bbls. Condensate/MMCF Actual Prod. Test - MCF/D Length of Test Choke Size Casing Pressure (Shut-in) Tubing Pressure (Shut-in) Testing Method (pulot, back pr.) VI. OPERATOR CERTIFICATE OF COMPLIANCE OIL CONSERVATION DIVISION I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above JAN 11 1994 is true and complete to the best of my knowledge and belief. Date Approved ROYAL OIL TO CO. SUPERVISOR, DISTRICT I

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

Signature

Date

Printed Name

R.

W.

12/1/93

ERICKSEN

1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.

By\_

Title\_

2) All sections of this form must be filled out for allowable on new and recompleted wells.

505-393-6141

AGENT

Title

Telephone No.

- 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.