•	RECEIVED BY			
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STATE OF NEW MEXICO	Q. C. D.			
ENERGY AND MINERALS DEPARTMEN	T ARTESIA, OFFICE		Form C-104	
00. 00 COPILO BEESIVED	OIL CONSERV	TION DIVISION	Revised 10-01-78 Format 06-01-83 Page 1	
	P. O. B	X 2088	-	
U.S.G.S.	SANTA FE, NE	V MEXICO 87501		
TRANSPORTER DIL		RALLOWABLE	· 1	
PRORATION OFFICE		ND PORT OIL AND NATURAL GAS	WIW	
Coversion				
Fossil Fuels Inc.				
Address		· · · · · · · · · · · · · · · · · · ·		
P.O. Box 479, Dallas,	TX 75221-0479			
Reason(s) for filing (Check proper box,		Other (Please explain)		
New Well	Change in Transporter of:		is a subsidiary of	
Recompletion		ry Gas Stallworth Oil & ondensate 1/1/86.	Gas, Inc., effective	
Change in Ownership		1/1/00:		
Etz Location		rayburg San And Sigte, Federal		
Onit Letter	60' Feet From The South			
Line of Section 25 Tou	waship 16 Range	30 , NMPM, Eddy	County	
III. DESIGNATION OF TRANSP	PORTER OF OIL AND NATURA	GAS		
Name of Authorized Transporter of Oil	VY or Condensate	Address (Give address to which approv	ed copy of this form is to be sent)	
The Permion Corporati		P.O. Box 1183, Houston	<u>TX 77001</u>	
Name of Authorized Transporter of Cas NO gas	singhead Gas 📄 or Dry Gas 🗍	Address (Give address to which approv	lest ID-3	
If well produces oil or liquide,	Unit Sec. Twp. Rge.	Is gas actually connected? Whe	n 4-11-86	
give location of tanks.	0 25 16 30		<u> </u>	
If this production is commingled with	th that from any other lease or pool	give commingling order number:		
NOTE: Complete Parts IV and				
VI. 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 is true and complete to the best of				
		APPROVED APR 8 1986 19		
my knowledge and belief.		BYLes A. Clements		
\sim	()/		pr-Distriat II	
Q_{11}	VIA .			
Alluman Co	Telmert	This form is to be filed in c If this is a request for allow	ampliance with RULE 1104. able for a newly drilled or deepens	
Murray E Holmoro Ev	ecutive Vice President	well, this form must be accompany tests taken on the well in accord	ied by a tabulation of the deviation in the deviation of	
(Tu		able on new and recompleted we	t be filled out completely for allow lis.	
/ <u>3/26/8</u> / (Dec				
/ 12-		well name or number, or transports	III, and VI for changes of owne of or other such change of condition be filled for each pool in multipi	

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Separate Forms C-104 must be filed for each pool in multiply completed wells.

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IV. COMPLETION DATA

Designate Type of Completi	on - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'y.	
Date Spudded	Date Compl	. Ready to P	, pod.	Total Dept	Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Pro	ducing Form	Formation Top Oli/Gas Pay				Tubing Depth			
Perforations				Depth Casing Shoe						
		TUBING,	CASING, AN	D CEMENTI	NG RECOR	0				
HOLESIZE	CASIN	IG & TUBI	NG SIZE	ļ	OEPTH SE	т	S/	CKS CEMEN	T	
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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 allow-OIL WELL able for this depth or be for full 24 hours)

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbis.	Water - Bble.	Gas - MCF
	·		

GAS WELL

Actual Prod. Test+MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate		
Teeling Method (pitol, back pr.)	Tubing Pressure (Shut-is)	Casing Pressure (Shut-iB)	Choze Size		

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