

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

OIL CONSERVATION DIVISION  
P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

Form C-104  
Revised 10-01-78  
Format 06-01-83  
Page 1

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator Diamondback Petroleum Inc. ✓

Address P.O. Box 2938, Ruidoso, N.M. 88345

Reason(s) for filing (Check proper box)

New Well      Change in Transporter of:

Recompletion       Oil       Dry Gas

Change in Ownership       Casinghead Gas       Condensate

Other (Please explain)

If change of ownership give name and address of previous owner \_\_\_\_\_

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Red Twelve F</u>	Well No. <u>2</u>	Pool Name, Including Formation <u>Cave GB/SA</u>	Kind of Lease State, Federal or Fee <u>Federal</u>	Lease No. <u>LC 05859</u>
Location				
Unit Letter <u>M P</u> : <u>330</u> Feet From The <u>South</u> Line and <u>990</u> Feet From The <u>West</u> <u>East</u>	Line of Section <u>33</u> Township <u>16S</u> Range <u>29E</u> , NMPM, <u>Eddy</u> County			

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <u>Navajo Crude Oil Purchasing Co.</u>	Address (Give address to which approved copy of this form is to be sent) <u>N. Freeman, Artesia, N.M. 88210</u>
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>Conoco</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 2197 Houston Tx. 77001</u>
If well produces oil or liquids, give location of tanks.	Is gas actually connected? <u>Yes</u> When <u>11/18/84</u>
Unit <u>M P</u> Sec. <u>33</u> Twp. <u>16S</u> Rge. <u>29E</u>	

If this production is commingled with that from any other lease or pool, give commingling order number: \_\_\_\_\_

NOTE: Complete Part IV and V on reverse side if necessary.

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 my knowledge and belief.

[Signature]  
(Signature)

Geologist  
(Title)

12-20-84  
(Date)

OIL CONSERVATION DIVISION

APPROVED DEC 28 1984, 19 \_\_\_\_\_

BY \_\_\_\_\_ Original Signed By  
Leslie A. Clements  
Supervisor District II

TITLE \_\_\_\_\_

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

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviated tests 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 owner well name or number, or transporter, or other such change of condition.

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

Post ID 2  
# 1-4-84  
Comp BK

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well X	Gas Well	New Well X	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 10-25-84	Date Compl. Ready to Prod. 11-13-84		Total Depth 3550		P.B.T.D. 3521				
Elevations (DF, RKB, RT, GR, etc.) 3599 GR	Name of Producing Formation San Andres		Top Oil/Gas Pay 2665		Tubing Depth 3450				
Perforations 2665-3435 San Andres 48 .38 cal				Depth Casing Shoe 3521					
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
12 1/2	8 5/8		276		200 SXS				
7 7/8	5 1/2		3521		1600 SXS				
	2 7/8		2450						

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)

Date First New Oil Run To Tanks 11-28-84	Date of Test 12-1-84	Producing Method (Flow, pump, gas lift, etc.) Pump		
Length of Test 24 hrs	Tubing Pressure 0	Casing Pressure 20#	Choke Size 1"	
Actual Prod. During Test 315	Oil - Bbls. 115	Water - Bbls. 200	Gas - MCF 245	

GAS WELL

GOR 2130

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