

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

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

DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico  
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION  
P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

Operator SOUTHEASTERN PETROLEUM INC. ✓	Well API No.
Address 911 N. Pearson, Roswell, NM 88201	
Reason(s) for Filing (Check proper box) <input checked="" type="checkbox"/> Other (Please explain) New Well <input type="checkbox"/> Change in Transporter of: Testing for allowable of 1500 bbls. Recompletion <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Change in Operator <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
If change of operator give name and address of previous operator	

II. DESCRIPTION OF WELL AND LEASE

Lease Name Apache Federal	Well No. 1	Pool Name, Including Formation Square Lake	Kind of Lease State, Federal or Fee	Lease No. NM-013814
Location Unit Letter H : 1980 Feet From The North Line and 870 Feet From The East Line Section 6 Township 17 Range 30, NMPM, Eddy 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"/> Conoco	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1267, Ponca City, OK 74602					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Conoco	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1267, Ponca City, OK 74602					
If well produces oil or liquids, give location of tanks.	Unit H	Sec. 6	Twp. 17	Rge. 30	Is gas actually connected? no	When? 7/26/92

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same 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 Pay			Tubing Depth		
Perforations top 2691, bot 2697/ top 2749, bot 2755/ top 2790, bot 2804/ top 2808, bot 2809 See attached Wells sketch						Depth Casing Shoe		
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT		

V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL (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.)

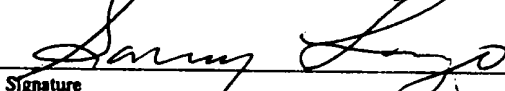
Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas- MCF

GAS WELL

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

VI. OPERATOR 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 above is true and complete to the best of my knowledge and belief.

Signature   
Sonny Longo President  
Printed Name Title  
7/24/92 505-625-0204  
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved JUL 29 1992

By ORIGINAL SIGNED BY  
MIKE WILLIAMS  
Title SUPERVISOR, DISTRICT II

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, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.

>> WE' LK- 10.55

based on Driller's Log

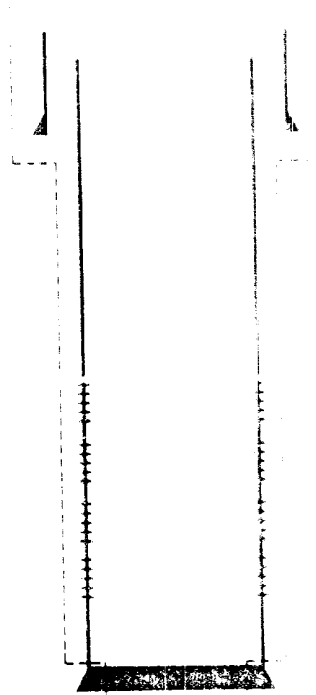
Driller's  
Depth (ft)

Wireline  
Depth (ft)

13.375" CSG TOP @ 14  
9.625" CSG TOP @ 14

13.375" CSG SHOE @ 520  
17.000" CH TD @ 520

9.625" PERF TOP @ 2691  
9.625" PERF BOT @ 2697  
9.625" PERF TOP @ 2749  
9.625" PERF BOT @ 2755  
9.625" PERF TOP @ 2790  
9.625" PERF BOT @ 2804  
9.625" PERF TOP @ 2808  
9.625" PERF BOT @ 2809  
9.625" CSG SHOE @ 2899  
12.250" CH TD @ 2899  
9.625" CSG PBTD @ 2903



2691  
2697  
2749  
2755  
2790  
2804  
2808  
2809  
2899  
2903

107-111-1  
Wash. State  
Co. Portland, Ore.

7.875" CH TD @ 11100