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

State of New Mexico

Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION P.O. Box 2088

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

DISTRI <u>CT II</u> P.O. Drawer DD, Anesia, NM 88210	P.O. Bo	x 2088	o o éAn é		
UISTRICT III 1000 Rio Brazos Rd., Azlec, NM 87410			AN 2 8 1994		
l.	REQUEST FOR ALLOWAB TO TRANSPORT OIL		LION		
Operator DE Energy,Ltd.	10 111/11101 0111 012	<u> </u>	Well Al'l No. 30-015-21875		
Address 410 N. Main Midlan	d, Texas 79701		·		
Reason(s) for Filing (Check proper box)		Other (Please explain)			
New Well Recompletion Change in Operator	Change in Transporter of: Oil Dry Gas Casinghead Gas Condensate				
If change of operator give name and address of previous operator Mad	dox Energy Corporation		Johnson 6211 V		
II. DESCRIPTION OF WELL	territoria de la companya de la comp	Dallas, TX 7		Нwy	
Lease Name Terry Com Location	Well No. Pool Name, Including 1 Atoka		Kind of Lease State, Federal or Fee	Lease No. NA	
	: 1650 Feet From The No	orth Line and 1880	Feet From The	astLine	
Section 14 Township	p 18S Range 26E	, NMPM, Eddy		County	
Name of Authorized Transporter of Oil Navaio Refining	SPORTER OF OIL AND NATU	Address (Give achtess to which	udo Oilabobov	150 Artocia	
Name of Authorized Transporter of Casing	ghead Gas [] or Dry Gas [X]	Address (Give address to which	approved copy of this form	is to be sent) NM 8 8 2]	
Transwestern Pipeli If well produces oil or liquids, give location of tanks.		P O Box 1188, H Is gas actually connected? Yes	When ?		
If this production is commingled with that IV. COMPLETION DATA	from any other lease or pool, give comming	ling order number:			
Designate Type of Completion	Oil Well Gas Well	New Well Workover	Deepen Plug Back Sa	me Res'v Diff Res'v	
Date Spudded	Date Compl. Ready to Frod.	Total Depth	Total Depth P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oit Gas Pay	Tubing Depth		
Perforations	.1	1	Depth Casing S	ііню	
	TUBING, CASING ANI				
HOLE SIZE	CASING & TUBING SIZE	CASING & TUBING SIZE DEPTH SET		SACKS CEMENT Out ID-3	
				15-94	
				J. P	
V. TEST DATA AND REQUE OIL WELL (Test must be after	ST FOR ALLOWABLE recovery of total volume of load oil and mix	st be equal to or exceed top allow	able for this depth or he for	्र full 24 hows.)	
Date First New Oil Run To Tank	Date of Test	Preducing Method (Flow, pum		· · · · · · · · · · · · · · · · · · ·	
Length of Test	Tubing Pressure	Casing Pressure	Casing Pressure Choke Size		
Actual Prod. During Test	Oil - Bbis.	Water - Bbls.	Water - Bbls. Gas- MCF		
GAS WELL		Bbls. Condensate/MMCF	Gravity of Co	a landate	
Actual Prod. Test - MCF/D	Length of Test			MIOCHESIE	
l'esting Method (pitot, back pr.)	Tubing Pressure (Shut in)	Casing Pressure (Shul-in)	Choke Size		
VI. OPERATOR CERTIFI I hereby certify that the rules and rep Division have been complied with a is true and complete to the best of m	nd that the information given above		SERVATION D		
D-+/	y anomicogo and detter.	Date Approved	<u> </u>		
Signature Ernest Angelo, Jr. President		By	ERVISOR DISTRIC	T 11,	
Ernest Angelo, JI Printed Name	Title	Title			

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.

915/684 4449