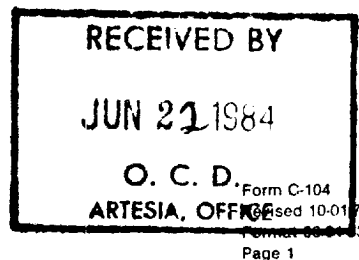


STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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LAND OFFICE	
TRANSPORTER	OIL
OPERATOR	GAS
PRODUCTION OFFICE	

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



REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator Costa Resources ✓

Address 3303 Lee Parkway, Dallas, Texas 75219

Reason(s) for filing (Check proper box)

<input type="checkbox"/> New Well	Change in Transporter of:	<input type="checkbox"/> Dry Gas
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	<input type="checkbox"/> Condensate
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas	

Other (Please explain) New Test Repotential

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Two Forks State</u>	Well No. <u>1</u>	Pool Name, including Formation <u>Empire South Morrow</u>	Kind of Lease State, Federal or Fee <u>State</u>	Lease No. <u>B-8814-19</u>
Location				
Unit Letter <u>B</u>	<u>660</u> Feet From The <u>NORTH</u>	Line and <u>2090</u>	Feet From The <u>EAST</u>	
Line of Section <u>2</u>	Township <u>18s</u>	Range <u>28e</u>	NMPM, <u>Eddy</u>	County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>Permian Corporation</u>	<u>P.O. Box 1183 Houston, Texas 77001</u>
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>Cabot Corporation</u>	<u>7120 I-40 West, Amarillo, Tx. 79106</u>
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
Unit <u>B</u> Sec. <u>2</u> Twp. <u>18s</u> Rge. <u>28e</u>	<u>Yes</u> <u>4-25-84</u>

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

NOTE: Complete Parts 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.

James Rodgers  
(Signature)  
Geologist  
(Title)  
6-19-84  
(Date)

OIL CONSERVATION DIVISION

APPROVED \_\_\_\_\_, 19\_\_\_\_  
BY For Record only  
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 deviation 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 multiply completed wells.

#### IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
			X						
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.			
10/29/83	02/10/83		10,985			10,920			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth			
Gr 3646	Morrow		10,707			10,624			
Perforations						Depth Casing Shoe			
10,707-10711						10,985			
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17½		13 3/8 54.5#		519		575sx class "C"			
12½		8 5/8 32#		2899		700sx lite&200sx "C"			
7 7/8		5½ 17&20#		10,985		225sx lite 250sx "H"			
5½		2 7/8 N-80 6.5#		10,624		500sx lite 100sx "H"			

#### 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	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
397.66	4 hours	14	57
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
Back Pressure	2725	0	14, 16, 18, 22/64