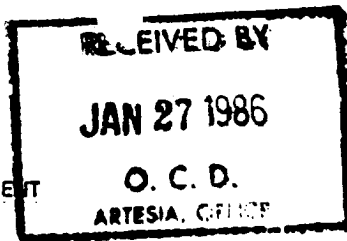


STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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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

Operator SURE ENERGY ✓

Address P.O. Box 426 Artesia, New Mexico 88210

Reason(s) for filing (Check proper box)

<input type="checkbox"/> New Well	Change in Transporter of:	<input type="checkbox"/> Dry Gas	Other (Please explain) <u>Reentry</u>
<input type="checkbox"/> Recompletion	<input checked="" type="checkbox"/> Oil	<input type="checkbox"/> Condensate	
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas		

If change of ownership give name
and address of previous owner _____

I. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Donnie "C" State</u>	Well No. <u>2</u>	Pool Name/Including Formation <u>Delaware</u>	Kind of Lease State, Federal or Fee <u>State</u>	Lease No. <u>1-31-86</u>
Location				
Unit Letter <u>H</u> : <u>1980</u> Feet From The <u>North</u> Line and <u>660</u> Feet From The <u>East</u>				
Line of Section <u>25</u> Township <u>19S</u> Range <u>28E</u> , NMPM, <u>Eddy</u> County				

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>Phillips Petroleum Company</u>	<u>Truck 4001, Penbrook, Odessa, Texas 79762</u>
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>Phillips Petroleum Company</u>	<u>Truck 4001, Penbrook, Odessa, Texas 79762</u>
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
<u>Unit H Sec. 25 Twp. 19S Rge. 28E</u>	<u>yes 12/85</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.

Frank Bayle
(Signature)
Owner
(Title)
1-27-86
(Date)

OIL CONSERVATION DIVISION

APPROVED JAN 27 1986, 19____
BY Original Signed By
Les A. Clements
TITLE Supervisor District II

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.

V. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Ditt. Res'v.
	XX		Re-Entry					
Date Spudded 10-23-85	Date Compl. Ready to Prod. 12-16-85	Total Depth 3500				P.B.T.D. 3300		
Devotions (DF, RKB, RT, CR, etc.) 3338 GL	Name of Producing Formation Delaware	Top Oil/Gas Pay 3159				Tubing Depth 3248		
Perforations 159, 61, 63, 65, 67, 78, 80, 82, 85, 87, 89, 3216, 18, 20, 22, 24, 26, 28, 34, 36, 40, 42, 44, 46, 48						Depth Casing Shoe 3200		

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4	8 5/8 24#	836	400 SX
7 7/8	5 1/2 14#	2017	400 SX
4 3/4	4 13#	3500	720 SX

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 of Test 12-23-85 to 12-24-85		Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 14 hrs	Tubing Pressure 660 psi	Casing Pressure 840 psi	Choke Size 24/64
Oil Prod. During Test 160	Oil - Bbls. 80	Water - Bbls. 80	Gas - MCF 800 MCF

AS WELL

Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)
		Choke Size