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

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

## OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

AUG 2 8 1992 O. C. D.

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

DISTRICT III 1000 Rio Brazos Rd., Azzec, NM 87410 REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS Operator Well API No. Threshold Development Co. 30-015-23930 777 Taylor St., Ste. II-D, Fort Worth, TX 76102 Reason(s) for Filing (Check proper box) X Other (Please explain) New Well Same Gas Transporter Reconnected Change in Transporter of: Recompletion X Dry Gas Oil Change In Operator Casinghead Gas Condensate If change of operator give name and address of previous operator II. DESCRIPTION OF WELL AND LEASE Lease Name Well No. Pool Name, Including Formation Kind of Lease State Conoco "7" Lease No. East Millman (Queen Greyburg) State, Federal or Fee B - 8096Location 1980 Unit Letter Feet From The North Line and 1980 \_ Feet From The East 7 Section 19 S Township Range 29E County III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil Address (Give address to which approved copy of this form is to be sent)
P. O. Box 1558, Breckenridge, TX or Condensate Koch Oil Company Name of Authorized Transporter of Casinghead Gas Address (Give address to which approved copy of this form is to be sent) or Dry Gas [ **GPM** Gas Corporation 4044 Penbrook, Odessa, Unit TXIf well produces oil or liquids, Twp. Sec. Rge. le gas actually connected? When ? give location of tanks, 29E Yes August 1992 If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Oil Well Gas Well New Well | Workover Deepen Plug Back | Same Res'v Designate Type of Completion - (X) 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 Depth Casing Shoe TUBING, CASING AND CEMENTING RECORD HOLE SIZE CASING & TUBING SIZE **DEPTH SET** SACKS CEMENT 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 Tank Date of Test Producing Method (Flow, pump, gas lift, etc.) Length of Test Tubing Pressure Casing Pressure Choke Size Actual Prod. During Test Water - Bbls. Gas- MCF GAS WELL Actual Prod. Test - MCF/D Length of Test Bbls. Condensate/MMCP Oravity of Condensal Testing Method (pitot, 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 OIL CONSERVATION DIVISION Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief. Date Approved <u>SEP 1 1992</u> ORIGINAL SIGNED BY Signature By\_ MIKE WILLIAMS Alan T. Davis, Petroleum Engineer

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

(817)

Printed Name

Date

8/27/92

1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.

Title.

SUPERVISOR, DISTRICT IT

- 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.

Title 870-1483

Telephone No.

4) Separate Form C-104 must be filed for each pool in multiply completed wells.