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STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-104  
Revised 10-01-78  
Format 06-01-83  
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OIL	<input checked="" type="checkbox"/>
GAS	<input type="checkbox"/>
OPERATOR	<input checked="" type="checkbox"/>
PROMOTION OFFICE	<input type="checkbox"/>

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator Cantro Exploration, Inc. ✓	
Address 909 N.E. Loop 410, Ste-711, San Antonio, Texas 78209	
Reason(s) for filing (Check proper box)	Other (Please explain)
<input checked="" type="checkbox"/> New Well <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Ownership	Change in Transporter of: <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate
CASINGHEAD GAS MUST NOT BE FLARED AFTER <u>2-9-84</u> UNLESS AN EXCEPTION FROM THE D. L. M. IS OBTAINED	

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name TENNECO FEDERAL	Well No. 2	Pool Name, including Formation North Hackberry Y-SR (EXT)	Kind of Lease State, Federal or Fee Federal	Lease No. LC063622
Location Unit Letter <u>0</u> ; <u>790</u> Feet From The <u>FS</u> Line and <u>2310</u> Feet From The <u>Fe</u> Line of Section <u>21</u> Township <u>19S</u> Range <u>31E</u> , 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"/> Navajo Refining Co.	Address (Give address to which approved copy of this form is to be sent) E. Main, Artesia N.M.
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)
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rgs. <u>0</u> <u>21</u> <u>19S</u> <u>31E</u>
Is gas actually connected?	When <u>Post ID-2</u> <u>1-10-86</u> <u>Comp &amp; BK</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.

OIL CONSERVATION DIVISION

JAN 10 1986

APPROVED \_\_\_\_\_, 19

BY \_\_\_\_\_  
Original Signed By  
T. 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.

Robert M. Greer  
(Signature)

President  
(Title)

12-13-85  
(Date)

#### 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		X					
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.			
7-30-85	9-25-85		2397'						
Elevations (DF, RKB, RT, GR, etc.)		Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
3522 GL 3526 KB		Yates Sand		2197'		2288'			
Perforations						Depth Casing Shoe			
2198-2266						2396'			
<b>TUBING, CASING, AND CEMENTING RECORD</b>									
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/2"		8 5/8"		300'		200 Sks Cl. "C" + 2% CaCl			
7 7/8"		5 1/2"		2396'		300 sks of HOWCO Lite &			
						100 sks Cl "C"			
		2 7/8		2288					

#### 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.)	
10-04-85	11-29-85	Pumping	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hrs.	0	0	0
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF
4.98 bbls oil	4.98	275	0

#### 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