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Appropriate District Office
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P.O. Box 1980, Hobbs, NM 88240
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DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico
En , 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

**REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS**

Operator WOODBINE PETROLEUM, INC.	Well API No.
Address 1445 ROSS AVENUE, SUITE 3660, LB 234, DALLAS TX 75202	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
If change of operator give name and address of previous operator	

II. DESCRIPTION OF WELL AND LEASE

Lease Name YATES FEDERAL	Well No. 3	Pool Name, including Formation SHUGART Y-SR-Q-G	Kind of Lease State, Federal or Fee	Lease No. NM63011
Location Unit Letter M : 990 Feet From The S Line and 990 Feet From The W Line Section 11 Township 19S Range 31E 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"/> TEXAS-NEW MEXICO PIPELINE CO.	Address (Give address to which approved copy of this form is to be sent) P.O. BOX 2528 HOBBS NM 88241-2528					
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 N	Sec. 11	Twp. 19S	Rge. 31E	Is gas actually connected? NO	When ?
If this production is commingled with that from any other lease or pool, give commingling order number:						

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well XX	Gas Well	New Well XX	Workover	Doopen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 4-6-91	Date Compl. Ready to Prod. 4-19-91	Total Depth 2718'	P.B.T.D. 2644'					
Elevations (DF, RKB, RT, GR, etc.) 3564' GR	Name of Producing Formation SEVEN RIVERS	Top Oil/Gas Pay 2648'	Tubing Depth 2682'					
Perforations 2654-64' AND 2648-50'			Depth Casing Shoe 2729'					
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
12 1/4"	8 5/8"	650'	300 SKS					
7 7/8"	5 1/2"	2717'	460 SKS					
	2 3/8"	2682'	8-23-91 comp & BR					

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 Tank 4-23-91	Date of Test 5-3-91	Producing Method (Flow, pump, gas lift, etc.) PUMPING	
Length of Test 24	Tubing Pressure 0	Casing Pressure 0	Choke Size NA
Actual Prod. During Test 84	Oil - Bbls. 84	Water - Bbls. 0	Gas- MCF TSTM

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

VI. OPERATOR 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 above is true and complete to the best of my knowledge and belief.

Signature Don G. Shackelford
DON G. SHACKELFORD EXEC VP
Printed Name
Date May 13, 1991
Title
214/855-6263
Telephone No.

OIL CONSERVATION DIVISION

Date Approved AUG 16 1991

By Mike Williams

Title SUPERVISOR, DISTRICT II

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.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.