

Submit 3 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

JAN 03 '95

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

DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

Operator TOPAT OIL CORPORATION		Well API No. UNKNOWN 30-015-04691
Address 505 N. BIG SPRING, STE. 204, MIDLAND, TEXAS, 79701		
Reason(s) for Filing (Check proper box) New Well <input type="checkbox"/> Other (Please explain) <input checked="" type="checkbox"/> Originally plugged 10/9/88 Recompletion <input type="checkbox"/> Change In Transporter of: <input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/> re-plugged by Eddy Potash on 10/4/93 Change In Operator <input type="checkbox"/> Oil <input checked="" type="checkbox"/> Change In Transporter of: <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 STATE "A"	Well No. 2	Pool Name, Including Formation BARBER YATES? 7 RVRS	Kind of Lease <u>State</u> Federal or Fee	Lease No. B-2386
Location Units Letter H : 1980 Feet From The NORTH Line and 330 Feet From The EAST Line Section 19 Township 20 SOUTH Range 30 EAST, 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"/> LANTERN PETROLEUM	Address (Give address to which approved copy of this form is to be sent) P.O. BOX 2281, MIDLAND, TEXAS, 79702	
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 B	Sec. 20
	Twp. 20 S	Rge. 30 E
Is gas actually connected?		When ?
If this production is commingled with that from any other lease or pool, give commingling order number: N/A		

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.D.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			

V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL (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	Oil - Bbls.	Water - Bbls.	Gas - MCF

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 TOM SCHNEIDER PRESIDENT  
Printed Name 12-21-94 Title 915-682-6340  
Date 12-21-94 Telephone No. 915-682-6340

OIL CONSERVATION DIVISION

JAN 12 1995

Date Approved

By

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